# Second Regular Session Seventy-second General Assembly STATE OF COLORADO

BILL D

LLS NO. 20-0297.01 Brita Darling x2241

**SENATE BILL** 

#### **SENATE SPONSORSHIP**

Pettersen and Winter, Donovan, Priola

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Buentello and Wilson, Herod, Kennedy

**Senate Committees** 

101

**House Committees** 

#### A BILL FOR AN ACT

CONCERNING TREATMENT FOR SUBSTANCE USE DISORDERS.

## **Bill Summary**

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <a href="http://leg.colorado.gov/">http://leg.colorado.gov/</a>.)

Opioid and Other Substance Use Disorders Study Committee.

Section 1 of the bill requires updated community assessments every 2

veers of the sufficiency of substance use disorder services in the

years of the sufficiency of substance use disorder services in the community to be compiled by an independent entity contracted by the department of human services (DHS). The assessment must include input and the opportunity for review and comment from community entities and individuals. Based on the community assessment, the managed service organization will prepare a draft community action plan and shall allow

time for stakeholder review and comment on the plan.

**Section 2** of the bill requires insurance carriers to provide coverage for the treatment of substance use disorders in accordance with the American society of addiction medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations in accordance with the most recent edition of the ASAM criteria. The bill also authorizes the commissioner of insurance, in consultation with DHS and the department of health care policy and financing, to identify by rule alternate nationally recognized substance-use-disorder-specific treatment criteria if the ASAM criteria are no longer available, relevant, or reflect best practices.

Sections 3, 4, and 5 of the bill increases funding by \$1 million for provider loan forgiveness and scholarships from the Colorado health service corps fund in the department of public health and environment (CDPHE). The bill recognizes a goal of the loan forgiveness and scholarship programs of creating a diverse health care workforce that is able to address the needs of underserved populations and communities.

**Section 6** of the bill authorizes a pharmacy that has entered into a collaborative pharmacy agreement with one or more physicians to receive an enhanced dispensing fee for the administration of all injectable medications for medication-assisted treatment that are approved by the federal food and drug administration, and not just injectable antagonist medication.

Section 7 of the bill requires DHS to commission a state child care and treatment study and final report to make findings and recommendations concerning gaps in family-centered substance use disorder treatment and to identify alternative payment structures for funding child care and children's services alongside substance use disorder treatment of a child's parent. DHS shall distribute the report to the general assembly and present the report in its annual presentation to committees of the general assembly.

Sections 8, 9, 10, 11, and 12 of the bill prohibit managed service organization contracted providers; withdrawal management services; and recovery residences from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders. In addition, the bill prohibits courts and parole, probation, and community corrections from prohibiting the use of prescribed medication-assisted treatment as a condition of participation or placement.

**Section 13** of the bill requires managed care entities to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery services, including support for individuals transitioning between levels of care.

Section 14 of the bill appropriates \$250,000 to the office of

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behavioral health in DHS for allocation to the center for research into substance use disorder prevention, treatment, and recovery support strategies for the continued employment of grant writers to aid local communities in need of assistance to access federal and state money to address opioid and other substance use disorders in their communities.

**Section 15** of the bill authorizes the commissioner of insurance, in consultation with CDPHE, to promulgate rules, or to seek a revision of the essential health benefits package, for prescription medications for medication-assisted treatment to be included on insurance carriers' formularies.

**Section 16** of the bill requires insurance carriers to report to the commissioner of insurance on the number of in-network providers who are licensed to prescribe medication-assisted treatment for substance use disorders, including buprenorphine, and of that number, to indicate how many providers are actively prescribing medication-assisted treatment. The bill requires the commissioner of insurance to promulgate rules concerning the reporting.

**Section 17** of the bill requires insurance carriers to provide coverage for naloxone hydrochloride, or other similarly acting drug, without prior authorization and without imposing any deductible, copayment, coinsurance, or other cost-sharing requirement.

Section 18 of the bill requires DHS to implement a program for training and community outreach relating to, at a minimum, the availability of and process for civil commitment of persons with an alcohol or substance use disorder. The training must be provided to first responders, law enforcement, emergency departments, primary care providers, and persons and families of persons with a substance use disorder, among others.

**Sections 19 through 65** of the bill consolidate part 1 of article 82 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs into the existing part 1 of article 81 of title 27, C.R.S., relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances.

The new scope of part 1 of article 81 of title 27, C.R.S., includes both alcohol use disorder and substance use disorder under the defined term "substance use disorder".

The amendments and additions to part 1 of article 81 of title 27, C.R.S., include:

- Defining "administrator" to include an administrator's designee;
- Adding a definition of "incapacitated by substances" to include a person who is incapacitated by alcohol or incapacitated by substances;

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- Changing terminology throughout to refer to "substances" to include both alcohol and drugs;
- Adjusting the duration of the initial involuntary commitment from 30 days to up to 90 days;
- Allowing a person to enter into a stipulated order for committed treatment, expediting placement into treatment;
- Removing the mandatory hearing for the initial involuntary commitment but allowing a person to request a hearing if the person does not want to enter into a stipulated order for committed treatment;
- Incorporating in statute "patient's rights" relating to civil commitment;
- Using person-centered language throughout the statutory process; and
- Relocating the existing opioid crisis recovery funds advisory committee from article 82 in title 27, C.R.S., to article 81 in title 27, C.R.S.

In addition, the bill makes conforming amendments, including several in the professional licensing statutes in title 12, C.R.S., to remove references to both alcohol use disorder and substance use disorder as grounds for professional discipline, and replaces those terms with the single term "substance use disorder", which the bill now defines in article 81 of title 27, C.R.S., to include both drugs and alcohol.

The bill also makes conforming amendments to remove statutory references to provisions in part 2 of article 82 of title 27, C.R.S., which the bill repeals, and replaces those references with a new reference to the relevant provisions in article 81 of title 27, C.R.S.

Be it enacted by the General Assembly of the State of Colorado:

2 **SECTION 1.** In Colorado Revised Statutes, 27-80-107.5, amend

3 (2), (3)(a), (5)(a), (5)(c)(II), and (7); repeal (3)(b); and add (2.5) as

4 follows:

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5 27-80-107.5. Increasing access to effective substance use

6 disorder services act - managed service organizations - substance use

7 disorder services - community assessment - community action plan

8 - allocations - reporting requirements - evaluation. (2) (a) On or

before February 1, 2017, AND ON OR BEFORE SEPTEMBER 1, 2020, AND ON

10 OR BEFORE SEPTEMBER 1 EVERY TWO YEARS THEREAFTER, each managed

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service organization designated pursuant to section 27-80-107 shall assess the sufficiency of substance use disorder services within its geographic region for adolescents ages seventeen and younger; young adults ages eighteen through twenty-five; pregnant women; women who are postpartum and parenting; and other adults, INCLUDING INDIVIDUALS WITH CO-OCCURRING OR COMPLEX CONDITIONS, who are in need of such services. BEGINNING WITH THE 2020 ASSESSMENT, during the community assessment process, each managed service organization shall seek input and information from appropriate entities, such as community mental health centers, behavioral health organizations, county departments of human or social services, local public health agencies, substance use disorder treatment providers, law enforcement agencies, probation departments, organizations that serve veterans or homeless individuals, and other relevant stakeholders CONTRACT WITH AN INDEPENDENT ORGANIZATION TO COMPILE A COMMUNITY ASSESSMENT. THE DEPARTMENT MAY REQUIRE STANDARDIZATION OF THE COMMUNITY ASSESSMENT AND SHALL DISSEMINATE THE REQUIREMENT TO THE MANAGED SERVICE ORGANIZATIONS WITHIN A REASONABLE TIME PRIOR TO THE COMMENCEMENT OF THE COMMUNITY ASSESSMENT.

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- (b) The community assessment must include:
- (I) an A REVIEW AND analysis of existing funding and resources ASSESSMENTS AND OTHER REPORTS IDENTIFYING NEEDED RESOURCES AND GAPS within the community, to provide USING QUANTITATIVE AND 24 QUALITATIVE DATA; AND
  - (II) A REVIEW OF THE ADEQUACY OF THE continuum of substance use disorder services, including prevention, intervention, treatment, and recovery support services, for:

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1	(A) Adolescents ages seventeen and younger;
2	(B) Young adults ages eighteen through twenty-five;
3	(C) Pregnant women;
4	(D) Women who are postpartum and parenting; and
5	(E) Other adults who are in need of such services, INCLUDING
6	INDIVIDUALS WITH CO-OCCURRING OR COMPLEX CONDITIONS.
7	(c) The community assessment must include input, and
8	PROVIDE OPPORTUNITY FOR REVIEW AND COMMENT, FROM APPROPRIATE
9	ENTITIES, SUCH AS PEOPLE WITH LIVED EXPERIENCE; COMMUNITY MENTAL
10	HEALTH CENTERS; REGIONAL ACCOUNTABLE ENTITIES; COUNTY
11	DEPARTMENTS OF HUMAN OR SOCIAL SERVICES; LOCAL PUBLIC HEALTH
12	AGENCIES; PROBATION DEPARTMENTS; SCHOOLS; TRIBAL LEADERS; AND
13	OTHER COMMUNITY ORGANIZATIONS THAT SERVE VETERANS, YOUTH,
14	FAMILIES, OR HOMELESS INDIVIDUALS, AS WELL AS OTHER RELEVANT
15	STAKEHOLDERS.
16	(d) The independent contractor, in conducting the
17	COMMUNITY ASSESSMENT, AND THE MANAGED SERVICE ORGANIZATION,
18	IN DEVELOPING A DRAFT COMMUNITY ACTION PLAN, SHALL USE BEST
19	PRACTICES TO ENSURE FEEDBACK FROM UNDERSERVED POPULATIONS AND
20	COMMUNITIES AND TO IDENTIFY AND ADDRESS HEALTH INEQUITIES IN
21	COMMUNITIES.
22	(2.5) On or before February 1, 2021, and on or before
23	FEBRUARY 1 EVERY TWO YEARS THEREAFTER, EACH MANAGED SERVICE
24	ORGANIZATION SHALL DEVELOP AND DISSEMINATE FOR FEEDBACK THE
25	COMMUNITY ASSESSMENT AND A DRAFT COMMUNITY ACTION PLAN TO
26	STAKEHOLDERS THAT PARTICIPATED IN THE COMMUNITY ASSESSMENT.
27	THE MANAGED SERVICE ORGANIZATION SHALL PROVIDE AT LEAST THIRTY

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DAYS FOR STAKEHOLDER COMMENT ON THE COMMUNITY ASSESSMENT AND A DRAFT COMMUNITY ACTION PLAN.

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- (3) (a) On or before March 1, 2017, AND ON OR BEFORE MAY 1, 2021, AND ON OR BEFORE MAY 1 EVERY TWO YEARS THEREAFTER, each managed service organization that has completed a community assessment pursuant to subsection (2) of this section shall prepare and submit in electronic format to the department and the department of health care policy and financing a THE COMMUNITY ASSESSMENT; AND THE community action plan to increase access to effective substance use disorder services, referred to in this section as the "community action plan". The community action plan must summarize the results of the community assessment and include a description of how the managed service organization will utilize its allocation of funding from the marijuana tax cash fund, created in section 39-28.8-501, C.R.S., to address the most critical service gaps in its geographic region and a timeline for implementation of the community action plan. THE DEPARTMENT SHALL POST ON ITS WEBSITE THE UPDATED COMMUNITY ACTION PLANS RECEIVED FROM EACH MANAGED SERVICE ORGANIZATION.
- (b) A managed service organization may periodically update its community action plan to reflect changes in community needs and priorities. Any such updated plan must be submitted in electronic format to the department and the department of health care policy and financing.
- (5) (a) On or before September 1, 2017, and on or before each September 1 thereafter, Each designated managed service organization shall submit an annual report to the department, INCLUDING THE AMOUNT AND PURPOSE OF ACTUAL EXPENDITURES MADE USING MONEY FROM THE MARIJUANA TAX CASH FUND, CREATED IN SECTION 39-28.8-501, IN THE

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PREVIOUS STATE FISCAL YEAR, AND SHALL JOINTLY DEVELOP A COMMUNICATION PLAN WITH THE DEPARTMENT FOR DISSEMINATION OF THE REPORT. NOTWITHSTANDING THE PROVISIONS OF SECTION 24-1-136 (11)(a)(I), THE COMMUNICATION PLAN MUST INCLUDE THE PROCESS FOR DISSEMINATING THE REPORT TO LOCAL COUNTY GOVERNMENTS. THE DEPARTMENT SHALL ALSO SUBMIT A REPORT TO the joint budget committee, the health and human services committee of the senate, and the public health care and human services committee of the house of representatives, or their ANY successor committees, concerning the amount and purpose of actual expenditures made using money from the marijuana tax cash fund, CREATED IN SECTION 39-28.8-501, in the previous state fiscal year. The report must contain a description of the impact of the expenditures on addressing the needs that were identified in the initial and any subsequent community assessments and COMMUNITY action plans developed pursuant to subsection (3) of this section, as well as any other requirements established for the contents of the report by the department.

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- (c) On or before November 1, 2020, the department, in collaboration with the designated managed service organizations, shall submit a report to the joint budget committee and the joint health and human services committee, or any successor committees. The report must:
- (II) Describe the impact the expenditures have had on increasing statewide access to a continuum of effective substance use disorder services, including the availability of prevention, intervention, treatment, and recovery support services in each designated service area AND HOW THE MONEY WAS USED TO INCREASE THE NETWORK OF PROVIDERS IN THE REGION; and

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1	(7) Notwithstanding section 24-1-136 (11)(a)(I), the department
2	shall report on outcomes related to the implementation of this section as
3	part of its annual "State Measurement for Accountable, Responsive, and
4	Transparent (SMART) Government Act" hearing required by section
5	2-7-203, beginning with the hearing that precedes the 2019 AT THE
6	BEGINNING OF THE 2020 legislative session.
7	SECTION 2. In Colorado Revised Statutes, 10-16-104, amend
8	(5.5)(a)(I) as follows:
9	10-16-104. Mandatory coverage provisions - definitions -
10	rules. (5.5) Behavioral, mental health, and substance use disorders
11	- rules. (a) (I) Every health benefit plan subject to part 2, 3, or 4 of this
12	article 16, except those described in section 10-16-102 (32)(b), must
13	provide coverage:
14	(A) For the prevention of, screening for, and treatment of
15	behavioral, mental health, and substance use disorders that is no less
16	extensive than the coverage provided for any physical illness and that
17	complies with the requirements of the MHPAEA; AND
18	(B) At a minimum, for the treatment of substance use
19	DISORDERS IN ACCORDANCE WITH THE AMERICAN SOCIETY OF ADDICTION
20	MEDICINE CRITERIA FOR PLACEMENT, MEDICAL NECESSITY, AND
21	UTILIZATION MANAGEMENT DETERMINATIONS AS SET FORTH IN THE MOST
22	RECENT EDITION OF "THE ASAM CRITERIA FOR ADDICTIVE,
23	Substance-related, and Co-occurring Conditions"; except that
24	THE COMMISSIONER MAY IDENTIFY BY RULE, IN CONSULTATION WITH THE
25	DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND THE OFFICE
26	OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, AN
27	ALTERNATE NATIONALLY RECOGNIZED AND EVIDENCE-BASED

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1	SUBSTANCE-USE-DISORDER-SPECIFIC CRITERIA FOR PLACEMENT, MEDICAL
2	NECESSITY, OR UTILIZATION MANAGEMENT, IF AMERICAN SOCIETY OF
3	ADDICTION MEDICINE CRITERIA ARE NO LONGER AVAILABLE, RELEVANT,
4	OR DO NOT FOLLOW BEST PRACTICES FOR SUBSTANCE USE DISORDER
5	TREATMENT.
6	SECTION 3. In Colorado Revised Statutes, 25-1.5-503, amend
7	(2) as follows:
8	25-1.5-503. Colorado health service corps - program - creation
9	- conditions. (2) (a) Subject to available appropriations, the primary care
10	office shall annually select health care professionals, behavioral health
11	care providers, candidates for licensure, nursing faculty members, and
12	health care professional members from the list provided by the advisory
13	council pursuant to section 25-1.5-504 (5)(a) to participate in the
14	Colorado health service corps.
15	(b) IN REVIEWING APPLICATIONS AND SELECTING PARTICIPANTS
16	FOR THE PROGRAM, THE PRIMARY CARE OFFICE AND THE ADVISORY
17	COUNCIL SHALL CONSIDER THE GOAL OF CREATING A DIVERSE HEALTH
18	CARE WORKFORCE THAT IS ABLE TO ADDRESS THE NEEDS OF UNDERSERVED
19	POPULATIONS AND COMMUNITIES. UPON REQUEST, THE PRIMARY CARE
20	OFFICE SHALL PROVIDE NONIDENTIFYING DEMOGRAPHIC INFORMATION
21	CONCERNING ALL APPLICANTS AND THOSE SELECTED FOR AWARDS.
22	SECTION 4. In Colorado Revised Statutes, 25-1.5-503.5, add
23	(1.5) as follows:
24	25-1.5-503.5. Scholarship program for addiction counselors -
25	creation - eligibility - conditions. (1.5) The Primary care office
26	SHALL ADMINISTER THE SCHOLARSHIP PROGRAM UTILIZING BEST
27	PRACTICES FOR INCREASING DIVERSITY IN APPLICANTS FOR THE

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1	SCHOLARSHIP PROGRAM, INCLUDING APPLICANTS FROM
2	UNDERREPRESENTED POPULATIONS AND PERSONS IN RECOVERY, AND
3	SHALL CONSIDER THE NEEDS OF THE POPULATIONS AND COMMUNITIES
4	BEING SERVED IN SELECTING SCHOLARSHIP RECIPIENTS. UPON REQUEST,
5	THE PRIMARY CARE OFFICE SHALL PROVIDE NONIDENTIFYING
6	DEMOGRAPHIC INFORMATION CONCERNING ALL APPLICANTS AND THOSE
7	SELECTED FOR SCHOLARSHIPS.
8	SECTION 5. In Colorado Revised Statutes, 25-1.5-506, amend
9	(4)(a) introductory portion as follows:
10	25-1.5-506. Colorado health service corps fund - created -
11	acceptance of grants and donations - annual appropriation from
12	marijuana tax cash fund. (4) (a) For the 2018-19 AND 2019-20 fiscal
13	year and each fiscal year thereafter YEARS, the general assembly shall
14	appropriate two million five hundred thousand dollars; AND FOR THE
15	2020-21 FISCAL YEAR, AND EACH FISCAL YEAR THEREAFTER, THE GENERAL
16	ASSEMBLY SHALL APPROPRIATE THREE MILLION FIVE HUNDRED THOUSAND
17	DOLLARS, from the marijuana tax cash fund created in section
18	39-28.8-501 to the primary care office to:
19	<b>SECTION 6.</b> In Colorado Revised Statutes, <b>amend</b> 25.5-5-510
20	as follows:
21	25.5-5-510. Pharmacy reimbursement - substance use disorder
22	- injections. If a pharmacy has entered into a collaborative pharmacy
23	practice agreement with one or more physicians pursuant to section
24	12-280-602 to administer AN injectable antagonist medication for
25	medication-assisted treatment for substance use disorders THAT IS
26	APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION, the
27	pharmacy administering the drug shall receive an enhanced dispensing fee

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1	that aligns with the administration fee paid to a provider in a clinical
2	setting.
3	SECTION 7. In Colorado Revised Statutes, add 27-80-124 as
4	follows:
5	27-80-124. Child care and treatment study - report.
6	(1) (a) The executive director, in consultation with the
7	EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND
8	FINANCING, SHALL COMMISSION A STATE CHILD CARE AND TREATMENT
9	STUDY AND FINAL REPORT. AT A MINIMUM, THE STUDY AND FINAL REPORT
10	MUST:
11	(I) Make findings and recommendations concerning the
12	NEEDS AND GAPS IN FAMILY-CENTERED SUBSTANCE USE DISORDER
13	TREATMENT IN THE STATE; AND
14	(II) IDENTIFY ALTERNATIVE PAYMENT STRUCTURES FOR FUNDING
15	CHILD CARE AND CHILDREN'S SERVICES ALONGSIDE A PARENT'S
16	TREATMENT FOR A SUBSTANCE USE DISORDER.
17	(b) The executive director shall issue a request for
18	PROPOSALS FOR THE STUDY AND FINAL REPORT TO BE CONDUCTED BY AN
19	ENTITY THAT IS INDEPENDENT OF THE DEPARTMENT.
20	(2) The final report, setting forth the study's
21	METHODOLOGIES, FINDINGS, AND RECOMMENDATIONS, MUST BE PROVIDED
22	ON OR BEFORE MARCH 31, 2021, TO:
23	(a) THE MEMBERS OF THE GENERAL ASSEMBLY;
24	(b) The executive director, who shall transmit a copy of
25	THE FINAL REPORT TO THE OFFICE WITHIN THE DEPARTMENT CONCERNED
26	WITH EARLY CHILDHOOD; AND
27	(c) The executive director of the department of health

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1	CARE POLICY AND FINANCING.
2	(3) The department shall include the findings and
3	RECOMMENDATIONS CONTAINED IN THE FINAL REPORT AS PART OF THE
4	DEPARTMENT'S PRESENTATION TO THE LEGISLATIVE COMMITTEES OF
5	Reference during the $2022\text{Regular}$ legislative session pursuant
6	TO SECTION 2-7-203.
7	SECTION 8. In Colorado Revised Statutes, 27-80-107, amend
8	(4) as follows:
9	27-80-107. Designation of managed service organizations -
10	purchase of services - revocation of designation. (4) The terms and
11	conditions for providing substance use disorder treatment services must
12	be specified in the contract entered into between the office of behavioral
13	health and the designated managed service organization. CONTRACTS
14	ENTERED INTO BETWEEN THE OFFICE OF BEHAVIORAL HEALTH AND THE
15	DESIGNATED MANAGED SERVICE ORGANIZATION MUST INCLUDE TERMS
16	AND CONDITIONS PROHIBITING A DESIGNATED MANAGED SERVICE
17	ORGANIZATION CONTRACTED TREATMENT PROVIDER FROM DENYING OR
18	PROHIBITING ACCESS TO MEDICATION-ASSISTED TREATMENT, AS DEFINED
19	IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER.
20	SECTION 9. In Colorado Revised Statutes, 27-80-108, amend
21	(1)(c) as follows:
22	<b>27-80-108. Rules.</b> (1) The state board of human services, created
23	in section 26-1-107, has the power to promulgate rules governing the
24	provisions of this article 80. The rules may include, but are not limited to:
25	(c) Requirements for public and private agencies, organizations,
26	and institutions from which the office of behavioral health may purchase
27	services pursuant to section 27-80-106 (1), WHICH REQUIREMENTS MUST

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1	INCLUDE PROHIBITING THE PURCHASE OF SERVICES FROM ENTITIES THAT
2	DENY OR PROHIBIT ACCESS TO MEDICAL SERVICES OR SUBSTANCE USE
3	DISORDER TREATMENT AND SERVICES TO PERSONS WHO ARE
4	PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS
5	DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER;
6	SECTION 10. In Colorado Revised Statutes, 25-1.5-108.5,
7	amend (2) as follows:
8	25-1.5-108.5. Regulation of recovery residences - definition -
9	rules. (2) A recovery residence may admit individuals who are receiving
10	medication-assisted treatment, including agonist treatment, for substance
11	use disorders; EXCEPT THAT A RECOVERY RESIDENCE RECEIVING STATE
12	MONEY OR PROVIDING SERVICES THAT ARE PAID FOR THROUGH STATE
13	PROGRAMS SHALL NOT DENY ADMISSION TO PERSONS WHO ARE
14	PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT, AS
15	DEFINED IN SECTION 23-21-803, FOR A SUBSTANCE USE DISORDER.
16	SECTION 11. In Colorado Revised Statutes, add 13-1-139 as
17	follows:
18	13-1-139. Court limitations on medication-assisted treatment
19	- prohibited. A COURT SHALL NOT CONDITION PARTICIPATION IN A DRUG
20	OR PROBLEM-SOLVING COURT OR OTHER JUDICIAL PROGRAM, OR ENTER
21	ORDERS RELATING TO PROBATION OR PAROLE OR PLACEMENT IN
22	COMMUNITY CORRECTIONS, BASED ON THE REQUIREMENT THAT A PERSON
23	CEASE PARTICIPATING IN PRESCRIBED MEDICATION-ASSISTED TREATMENT
24	FOR SUBSTANCE USE DISORDERS, AS DEFINED IN SECTION 23-21-803,
25	UNLESS THE PERSON OR THE PRESCRIBER DETERMINES THAT
26	MEDICATION-ASSISTED TREATMENT IS NO LONGER NECESSARY OR IS NO
27	LONGER AN EFFECTIVE TREATMENT FOR THE PERSON.

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1	SECTION 12. In Colorado Revised Statutes, 17-27-104, add (13)
2	as follows:
3	17-27-104. Community corrections programs operated by
4	units of local government, state agencies, or nongovernmental
5	agencies. (13) The administrator of any community corrections
6	PROGRAM ESTABLISHED PURSUANT TO THIS SECTION SHALL NOT REJECT
7	ANY OFFENDER REFERRED FOR PLACEMENT BASED ON THE OFFENDER'S
8	PARTICIPATION IN MEDICATION-ASSISTED TREATMENT, AS DEFINED IN
9	${\tt SECTION23-21-803}, or {\tt ESTABLISHANYRULE} or condition or {\tt GUIDELINE}$
10	FOR THE CONDUCT OF AN OFFENDER THAT PROHIBITS OR SIGNIFICANTLY
11	IMPAIRS AN OFFENDER'S ABILITY TO PARTICIPATE IN PRESCRIBED
12	MEDICATION-ASSISTED TREATMENT.
13	SECTION 13. In Colorado Revised Statutes, 25.5-5-402, add
14	(3)(c.5) as follows:
15	25.5-5-402. Statewide managed care system - definition - rules.
16	(3) The statewide managed care system must include a statewide system
17	of community behavioral health care that must:
18	$(c.5)\ Provide\ Coordination\ of\ Care\ for\ the\ full\ Continuum$
19	OF SUBSTANCE USE DISORDER AND MENTAL HEALTH TREATMENT AND
20	RECOVERY, INCLUDING SUPPORT FOR INDIVIDUALS TRANSITIONING
21	BETWEEN LEVELS OF CARE;
22	SECTION 14. In Colorado Revised Statutes, 27-80-118, amend
23	(6)(a); and <b>add</b> (6)(c) as follows:
24	27-80-118. Center for research into substance use disorder
25	prevention, treatment, and recovery support strategies - established
26	- legislative declaration - repeal. (6) (a) The center may employ up to
27	three additional employees to work as grant writers in order to aid local

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1	communities in need of assistance in applying for grants to access state
2	and federal money to address opioid and other substance use disorders in
3	their communities. The center shall determine the communities in which
4	to provide the grant writing assistance. IN REVIEWING AND SELECTING
5	APPLICATIONS FOR GRANT WRITING ASSISTANCE, THE CENTER SHALL
6	CONSIDER THE GOAL OF ADDRESSING THE NEEDS OF UNDERSERVED
7	POPULATIONS AND COMMUNITIES.
8	(c) For state fiscal years 2020-21 through 2024-25, the
9	GENERAL ASSEMBLY SHALL APPROPRIATE TWO HUNDRED FIFTY THOUSAND
10	DOLLARS FROM THE MARIJUANA TAX CASH FUND CREATED IN SECTION
11	39-28.8-501 (1) to the department for allocation to the center
12	FOR THE PURPOSES OF THIS SUBSECTION (6). THE CENTER MAY USE THE
13	MONEY TO HIRE NEW EMPLOYEES AND FOR THE DIRECT AND INDIRECT
14	COSTS ASSOCIATED WITH THIS SUBSECTION (6).
15	SECTION 15. In Colorado Revised Statutes, 10-16-148, add
16	(1.5) as follows:
17	10-16-148. Medication-assisted treatment - limitations on
18	carriers - rules - definition. (1.5) The commissioner, in
19	CONSULTATION WITH THE DEPARTMENT OF PUBLIC HEALTH AND
20	ENVIRONMENT, MAY PROMULGATE RULES OR SEEK A REVISION TO THE
21	PRESCRIPTION DRUG BENEFITS REQUIRED UNDER THE ESSENTIAL HEALTH
22	BENEFITS PACKAGE CONCERNING PRESCRIPTION MEDICATIONS THAT MUST
23	BE INCLUDED ON A CARRIER'S FORMULARY FOR MEDICATION-ASSISTED
24	TREATMENT OF SUBSTANCE USE DISORDERS.
25	SECTION 16. In Colorado Revised Statutes, add 10-16-710 as
26	follows:

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10-16-710. Reporting to commissioner - medication-assisted

1	treatment - rules. (1) A CARRIER SHALL REPORT TO THE COMMISSIONER:
2	(a) The number of in-network providers who are federally
3	LICENSED TO PRESCRIBE MEDICATION-ASSISTED TREATMENT FOR
4	SUBSTANCE USE DISORDERS, INCLUDING BUPRENORPHINE; AND
5	(b) For the providers identified pursuant to subsection
6	(1)(a) OF THIS SECTION, THE NUMBER OF PRESCRIPTIONS WRITTEN BY THE
7	PROVIDER FOR MEDICATION-ASSISTED TREATMENT DURING THE
8	REPORTING PERIOD THAT ARE PAID FOR OR DENIED BY THE CARRIER.
9	(2) THE COMMISSIONER SHALL PROMULGATE RULES CONCERNING
10	THE REPORTING REQUIREMENTS SPECIFIED IN SUBSECTION (1) OF THIS
11	SECTION, INCLUDING THE REPORTING PERIOD, THE FREQUENCY OF
12	REPORTING, AND ANY OTHER PROVISIONS NECESSARY TO COMPLY WITH
13	THE REPORTING REQUIREMENT.
14	SECTION 17. In Colorado Revised Statutes, 10-16-104, amend
15	(5.5)(a)(III)(A); and <b>add</b> (5.5)(a)(III)(C) as follows:
16	10-16-104. Mandatory coverage provisions - rules -
17	definitions. (5.5) Behavioral, mental health, and substance use
18	disorders - rules. (a) (III) (A) Except as provided in subsection
19	(5.5)(a)(III)(B) SUBSECTIONS $(5.5)(a)(III)(B)$ AND $(5.5)(a)(III)(C)$ of this
20	section, any preauthorization or utilization review mechanism used in the
21	determination to provide the coverage required by this subsection (5.5)(a)
22	must be the same as, or no more restrictive than, that used in the
23	determination to provide coverage for a physical illness. The
24	commissioner shall adopt rules as necessary to implement and administer
25	this subsection (5.5).
26	(C) A HEALTH BENEFIT PLAN SUBJECT TO THIS SUBSECTION $(5.5)$
2.7	MUST PROVIDE COVERAGE FOR AN OPIATE ANTAGONIST. AS DEFINED IN

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1	Section 12-30-110 (7)(d), without prior authorization and without
2	IMPOSING ANY DEDUCTIBLE, COPAYMENT, COINSURANCE, OR OTHER
3	COST-SHARING REQUIREMENT.
4	<b>SECTION 18.</b> In Colorado Revised Statutes, <b>add</b> 27-80-110.5 as
5	follows:
6	27-80-110.5. Training and community outreach relating to
7	civil commitment of persons with a substance use disorder.
8	(1) Beginning no later than September 1, 2020, the office of
9	BEHAVIORAL HEALTH SHALL IMPLEMENT A PROGRAM FOR TRAINING AND
10	COMMUNITY OUTREACH RELATING TO SUBSTANCE USE DISORDER
11	TREATMENT. AT A MINIMUM, THE TRAINING AND COMMUNITY OUTREACH
12	MUST INCLUDE THE AVAILABILITY OF AND PROCESS FOR CIVIL
13	COMMITMENT OF PERSONS WITH A SUBSTANCE USE DISORDER, AS DEFINED
14	IN SECTION 27-81-102. THE TRAINING AND COMMUNITY OUTREACH
15	PROGRAM MAY ALSO INCLUDE INFORMATION CONCERNING THE CARE
16	NAVIGATION PROGRAM CREATED IN SECTION 27-80-119, THE
17	TWENTY-FOUR-HOUR TELEPHONE CRISIS SERVICES PROVIDED PURSUANT
18	to section 27-60-103, and other resources for the community and
19	FOR PERSONS AND FAMILIES OF PERSONS WITH A SUBSTANCE USE
20	DISORDER.
21	(2) The training and outreach program must provide
22	TRAINING AND OUTREACH TO FIRST RESPONDERS, LAW ENFORCEMENT AND
23	CRIMINAL JUSTICE AGENCIES, EMERGENCY DEPARTMENTS, HOSPITALS,
24	TREATMENT FACILITIES, PRIMARY CARE PROVIDERS, BEHAVIORAL HEALTH
25	PROVIDERS, COUNTY DEPARTMENTS OF HUMAN OR SOCIAL SERVICES,
26	PERSONS AND FAMILIES OF PERSONS WITH A SUBSTANCE USE DISORDER,
27	AND ORGANIZATIONS WORKING WITH PERSONS AND FAMILIES OF PERSONS

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1	WITH A SUBSTANCE USE DISORDER.
2	SECTION 19. In Colorado Revised Statutes, repeal and reenact,
3	with amendments, 27-81-101 as follows:
4	27-81-101. [Similar to 27-82-101] Legislative declaration.
5	(1) THE GENERAL ASSEMBLY RECOGNIZES THE CHARACTER AND
6	PERVASIVENESS OF SUBSTANCE USE DISORDERS AND THAT SUBSTANCE USE
7	DISORDERS ARE SERIOUS PROBLEMS. THE GENERAL ASSEMBLY FURTHER
8	FINDS AND DECLARES THAT THESE PROBLEMS HAVE BEEN VERY SERIOUSLY
9	NEGLECTED AND THAT THE SOCIAL AND ECONOMIC COSTS AND THE WASTE
10	OF HUMAN RESOURCES CAUSED BY SUBSTANCE USE DISORDERS ARE
11	MASSIVE, TRAGIC, AND NO LONGER ACCEPTABLE. THE GENERAL ASSEMBLY
12	BELIEVES THAT THE BEST INTERESTS OF THIS STATE DEMAND AN
13	ACROSS-THE-BOARD, LOCALLY ORIENTED ATTACK ON THE MASSIVE
14	PROBLEMS OF DRUG ABUSE AND SUBSTANCE USE DISORDERS. THE ATTACK
15	INCLUDES PREVENTION, EDUCATION, AND TREATMENT, AND THIS ARTICLE
16	81 PROVIDES A BASE FROM WHICH TO LAUNCH THE ATTACK AND REDUCE
17	THE TRAGIC HUMAN LOSS.
18	(2) It is the policy of this state that persons with
19	SUBSTANCE USE DISORDERS, PERSONS INTOXICATED BY ALCOHOL, AND
20	PERSONS UNDER THE INFLUENCE OF DRUGS SHOULD BE AFFORDED
21	TREATMENT SO THEY MAY LEAD NORMAL LIVES AS PRODUCTIVE MEMBERS
22	OF SOCIETY. THE GENERAL ASSEMBLY FINDS AND DECLARES THAT
23	SUBSTANCE USE DISORDERS ARE MATTERS OF STATEWIDE CONCERN.
24	SECTION 20. In Colorado Revised Statutes, 27-81-102, amend
25	(14); amend as it exists until July 1, 2022, (1); amend as it will become
26	effective July 1, 2022, (1); add (9.4); add with amended and relocated
27	provisions (6.5), (9.2), (13.6), and (13.9); add with amended and

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1	relocated provisions as it exists until July 1, 2022, (1.2); and add with
2	amended and relocated provisions as they will become effective July
3	<b>1, 2022,</b> (1.2) and (13.8) as follows:
4	27-81-102. Definitions. As used in this article 81, unless the
5	context otherwise requires:
6	(1) [Editor's note: This version of subsection (1) is effective until
7	July 1, 2022.] "Alcohol use disorder" means a condition by which a
8	person habitually lacks self-control as to the use of alcoholic beverages
9	or uses alcoholic beverages to the extent that his or her health is
10	substantially impaired or endangered or his or her social or economic
11	function is substantially disrupted. Nothing in this subsection (1)
12	precludes the denomination of a person with an alcohol use disorder as
13	intoxicated by alcohol or incapacitated by alcohol "ADMINISTRATOR"
14	MEANS THE ADMINISTRATOR OF AN APPROVED TREATMENT FACILITY OR
15	AN INDIVIDUAL AUTHORIZED IN WRITING TO ACT AS THE ADMINISTRATOR'S
16	DESIGNEE.
17	(1) [Editor's note: This version of subsection (1) is effective July
18	1, 2022.] "Alcohol use disorder" means a chronic relapsing brain disease
19	characterized by recurrent use of alcohol causing clinically significant
20	impairment, including health problems, disability, and failure to meet
21	major responsibilities at work, school, and home "ADMINISTRATOR"
22	MEANS THE ADMINISTRATOR OF AN APPROVED TREATMENT FACILITY OR
23	AN INDIVIDUAL AUTHORIZED IN WRITING TO ACT AS THE ADMINISTRATOR'S
24	DESIGNEE.
25	(1.2) [Formerly 27-81-102 (1) as it is effective until July 1,
26	2022] "Alcohol use disorder" means a condition by which a person
27	habitually lacks self-control as to the use of alcoholic beverages or uses

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1	alcoholic beverages to the extent that his or her THE PERSON'S health is
2	substantially impaired or endangered or his or her THE PERSON'S social or
3	economic function is substantially disrupted. Nothing in this subsection
4	(1) SUBSECTION (1.2) precludes the denomination of a person with an
5	alcohol use disorder as intoxicated by alcohol or incapacitated by alcohol.
6	(1.2) [Formerly 27-81-102 (1) as it will become effective July 1,
7	2022] "Alcohol use disorder" means a chronic relapsing brain disease
8	characterized by recurrent use of alcohol causing clinically significant
9	impairment, including health problems, disability, and failure to meet
10	major responsibilities at work, school, and home.
11	(6.5) [Formerly 27-82-102 (7)] "Drug" means a controlled
12	substance, as defined in section 18-18-102 (5), C.R.S., and toxic vapors.
13	(9.2) [Formerly 27-82-102 (10)] "Incapacitated by drugs" means
14	that a person, as a result of the use of drugs, is unconscious or has his or
15	her judgment otherwise so impaired that he or she THE PERSON is
16	incapable of realizing and making a rational decision with respect to his
17	or her THE PERSON'S need for treatment, is unable to take care of his or her
18	basic personal needs or safety, or lacks sufficient understanding or
19	capacity to make or communicate rational decisions concerning himself
20	or herself.
21	(9.4) "Incapacitated by substances" means that a person is
22	INCAPACITATED BY ALCOHOL OR IS INCAPACITATED BY DRUGS.
23	(13.6) [Formerly 27-82-102 (13)] "Person under the influence of
24	drugs" means any person whose mental or physical functioning is
25	temporarily but substantially impaired as a result of the presence of drugs
26	in his or her the Person's body.
27	(13.8) [Formerly 27-82-102 (13.5) as it will become effective

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1	July 1, 2022] "Substance use disorder" means a chronic relapsing brain
2	disease, characterized by recurrent use of alcohol, drugs, or both, causing
3	clinically significant impairment, including health problems, disability,
4	and failure to meet major responsibilities at work, school, or home.
5	(13.9) [Formerly 27-82-102 (14)] "Toxic vapors" means a
6	substance or product containing such substances as defined in section
7	18-18-412 (3). <del>C.R.S.</del>
8	(14) "Treatment" means the broad range of emergency, outpatient,
9	intermediate, and inpatient services and care, including diagnostic
10	evaluation, medical, psychiatric, psychological, and social service care,
11	vocational rehabilitation, and career counseling that may be extended to
12	a person with an alcohol A SUBSTANCE use disorder, A PERSON
13	INCAPACITATED BY SUBSTANCES, A PERSON UNDER THE INFLUENCE OF
14	DRUGS, and A PERSON intoxicated persons BY ALCOHOL.
15	SECTION 21. In Colorado Revised Statutes, 27-81-103, amend
16	(1)(a), (1)(b), (1)(d), (1)(e), and (1)(h) as follows:
17	27-81-103. Powers of the office of behavioral health. (1) To
18	carry out the purposes of this article 81, the office of behavioral health
19	may:
20	(a) Plan, establish, and maintain alcohol SUBSTANCE use disorder
21	treatment programs as necessary or desirable;
22	(b) Make contracts necessary or incidental to the performance of
23	its duties and the execution of its powers, including contracts with public
24	and private agencies, organizations, and individuals to pay them for
25	services rendered or furnished to persons with alcohol SUBSTANCE use
26	disorders, or PERSONS intoxicated persons BY ALCOHOL, OR PERSONS
27	UNDER THE INFLUENCE OF DRUGS;

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1	(d) Administer or supervise the administration of the provisions
2	relating to persons with alcohol SUBSTANCE use disorders, and intoxicated
3	persons INTOXICATED BY ALCOHOL, AND PERSONS UNDER THE INFLUENCE
4	OF DRUGS of any state plan submitted for federal funding pursuant to
5	federal health, welfare, or treatment legislation;
6	(e) Coordinate its activities and cooperate with alcohol
7	SUBSTANCE use disorder treatment programs in this state and other states
8	and make contracts and other joint or cooperative arrangements with
9	state, local, or private agencies in this state and other states for the
10	treatment of persons with alcohol SUBSTANCE use disorders, and
11	intoxicated persons intoxicated by alcohol, and persons under the
12	INFLUENCE OF DRUGS and for the common advancement of alcohol
13	SUBSTANCE use disorder treatment programs;
14	(h) Acquire, hold, or dispose of real property, or any interest
15	therein, and construct, lease, or otherwise provide alcohol SUBSTANCE use
16	disorder treatment facilities for persons with alcohol SUBSTANCE use
17	disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons
18	UNDER THE INFLUENCE OF DRUGS.
19	SECTION 22. In Colorado Revised Statutes, amend 27-81-104
20	as follows:
21	27-81-104. Duties of the office of behavioral health - review.
22	(1) In addition to duties prescribed by section 27-80-102, the office of
23	behavioral health shall:
24	(a) Develop, encourage, and foster statewide, regional, and local
25	plans and programs for the prevention of alcohol SUBSTANCE use
26	disorders and treatment of persons with alcohol SUBSTANCE use disorders,
27	PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE

-23-**DRAFT**  INFLUENCE OF DRUGS, in cooperation with public and private agencies, organizations, and individuals and provide technical assistance and consultation services for these purposes;

- (b) Coordinate the efforts and enlist the assistance of all public and private agencies, organizations, and individuals interested in prevention of alcohol SUBSTANCE use disorders and treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS;
- (c) [Editor's note: This version of subsection (1)(c) is effective until July 1, 2022.] Utilize community mental health centers and clinics, OR OTHER APPROVED TREATMENT FACILITIES, whenever feasible;
- (c) [Editor's note: This version of subsection (1)(c) is effective July 1, 2022.] Utilize behavioral health entities, community mental health centers and clinics, OR OTHER APPROVED TREATMENT FACILITIES, whenever feasible;
- (d) Cooperate with the department of corrections in establishing and conducting programs for the prevention of alcohol SUBSTANCE use disorders and treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS in appropriate agencies and institutions and for persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS in or on parole from correctional institutions and in carrying out duties specified in subsections (1)(i) and (1)(k) of this section;
- (e) Cooperate with the department of education, schools, police departments, courts, and other public and private agencies, organizations, and individuals in establishing programs for the prevention of alcohol

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SUBSTANCE use disorders and treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS and preparing curriculum materials for use at all levels of school education;

- (f) Prepare, publish, evaluate, and disseminate educational material dealing with the nature and effects of alcohol AND DRUGS;
- (g) Develop and implement, as an integral part of alcohol SUBSTANCE use disorder treatment programs, an educational program for use in the treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS. The program must include the dissemination of information concerning the nature and effects of alcohol AND DRUGS;
- (h) Organize and foster training programs for all persons engaged in treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS;
- (i) Sponsor and encourage research into the causes and nature of alcohol SUBSTANCE use disorders and treatment of persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS, and serve as a clearinghouse for information relating to alcohol SUBSTANCE use disorders;
- (j) Specify uniform methods for keeping statistical information by public and private agencies, organizations, and individuals and collect and make available relevant statistical information, including number of persons treated, frequency of admission and readmission, and frequency and duration of treatment;

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(k) Advise the governor in the preparation of a comprehensive
plan for treatment of persons with alcohol SUBSTANCE use disorders,
PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE
INFLUENCE OF DRUGS for inclusion in the state's comprehensive health
plan;
(l) Review all state health, welfare, and treatment plans to be
submitted for federal funding under federal legislation and advise the
covernor on provisions to be included relating to aleahel SURSTANCE use

- submitted for federal funding under federal legislation and advise the governor on provisions to be included relating to alcohol SUBSTANCE use disorders, persons with alcohol SUBSTANCE use disorders, and intoxicated persons UNDER THE INFLUENCE OF DRUGS;
  - (m) Assist in the development of, and cooperate with, alcohol SUBSTANCE USE education and treatment programs for employees of state and local governments and businesses and industries in this state;
  - (n) Utilize the support and assistance of interested persons in the community, particularly persons with alcohol SUBSTANCE use disorders that are in remission, to encourage persons with alcohol SUBSTANCE use disorders to voluntarily undergo treatment;
  - (o) Cooperate with the department of transportation in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of, or impaired by, alcohol OR DRUGS;
  - (p) Encourage general hospitals and other appropriate health facilities to admit without discrimination persons with alcohol SUBSTANCE use disorders, PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE INFLUENCE OF DRUGS and to provide them with adequate and appropriate treatment;
    - (q) Encourage all health and disability insurance programs to

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1	include alcohol SUBSTANCE use disorders as a covered illness; and
2	(r) Submit to the governor an annual report covering the activities
3	of the office of behavioral health.
4	SECTION 23. In Colorado Revised Statutes, 27-81-105, amend
5	(1) and (3) as follows:
6	27-81-105. Comprehensive program for treatment - regional
7	facilities. (1) The office of behavioral health shall establish a
8	comprehensive and coordinated program for the treatment of persons with
9	alcohol substance use disorders, persons intoxicated by alcohol,
10	and intoxicated persons UNDER THE INFLUENCE OF DRUGS.
11	(3) The office of behavioral health shall provide adequate and
12	appropriate treatment for persons with alcohol SUBSTANCE use disorders,
13	PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE
14	INFLUENCE OF DRUGS admitted pursuant to sections 27-81-109 to
15	27-81-112. Except as otherwise provided in section 27-81-111, treatment
16	may MUST not be provided at a correctional institution, except for
17	inmates.
18	SECTION 24. In Colorado Revised Statutes, 27-81-106, repeal
19	and reenact, with amendments, (6) as follows:
20	27-81-106. Standards for public and private treatment
21	facilities - fees - enforcement procedures - penalties. (6) [Similar to
22	27-82-103 (6)] A PERSON SHALL NOT OPERATE A PRIVATE OR PUBLIC
23	TREATMENT FACILITY IN THIS STATE WITHOUT APPROVAL FROM THE
24	OFFICE OF BEHAVIORAL HEALTH; EXCEPT THAT THIS ARTICLE 81 DOES NOT
25	APPLY TO A PRIVATE TREATMENT FACILITY THAT ACCEPTS ONLY PRIVATE
26	MONEY AND DOES NOT DISPENSE CONTROLLED SUBSTANCES. THE DISTRICT
27	COURT MAY RESTRAIN ANY VIOLATION OF, REVIEW ANY DENIAL,

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1	RESTRICTION, OR REVOCATION OF APPROVAL UNDER, AND GRANT OTHER
2	RELIEF REQUIRED TO ENFORCE THE PROVISIONS OF THIS SECTION.
3	SECTION 25. In Colorado Revised Statutes, 27-81-108, amend
4	(1) introductory portion, (1)(b), and (1)(c) as follows:
5	27-81-108. Acceptance for treatment - rules. (1) The director
6	shall adopt and may amend and repeal rules for acceptance of persons
7	into the SUBSTANCE USE DISORDER treatment program, considering
8	available treatment resources and facilities, for the purpose of early and
9	effective treatment of persons with alcohol SUBSTANCE use disorders,
10	PERSONS INTOXICATED BY ALCOHOL, and intoxicated persons UNDER THE
11	INFLUENCE OF DRUGS. In establishing the rules, THE FOLLOWING
12	STANDARDS GUIDE the director: shall be guided by the following
13	standards:
14	(b) A patient shall be initially assigned or transferred to outpatient
15	or intermediate treatment, unless he or she is found to require inpatient
16	treatment Qualified Staff shall assess the proper level of care for
17	THE PERSON PURSUANT TO RULES ADOPTED BY THE DIRECTOR AND MAKE
18	A REFERRAL FOR PLACEMENT.
19	(c) A person shall MUST not be denied treatment solely because he
20	or she THE PERSON has withdrawn from treatment against medical advice
21	on a prior occasion or because he or she THE PERSON has relapsed after
22	earlier treatment.
23	SECTION 26. In Colorado Revised Statutes, repeal and reenact,
24	with amendments, 27-81-109 as follows:
25	27-81-109. [Similar to 27-82-105] Voluntary treatment of
26	persons with substance use disorders. (1) A PERSON WITH A
27	SUBSTANCE USE DISORDER, INCLUDING A MINOR, MAY APPLY FOR

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1	VOLUNTARY TREATMENT DIRECTLY TO AN APPROVED TREATMENT
2	FACILITY.
3	(2) Subject to rules adopted by the director, the
4	ADMINISTRATOR IN CHARGE OF AN APPROVED TREATMENT FACILITY SHALL
5	DETERMINE WHO IS ADMITTED FOR TREATMENT. IF A PERSON IS REFUSED
6	ADMISSION TO AN APPROVED TREATMENT FACILITY, THE ADMINISTRATOR
7	MAY REFER THE PERSON TO ANOTHER APPROVED AND APPROPRIATE
8	TREATMENT FACILITY FOR TREATMENT IF IT IS DEEMED LIKELY TO BE
9	BENEFICIAL. A PERSON MUST NOT BE REFERRED FOR FURTHER TREATMENT
10	IF IT IS DETERMINED THAT FURTHER TREATMENT IS NOT LIKELY TO BRING
11	ABOUT SIGNIFICANT IMPROVEMENT IN THE PERSON'S CONDITION, OR
12	TREATMENT IS NO LONGER APPROPRIATE, OR FURTHER TREATMENT IS
13	UNLIKELY TO BE BENEFICIAL.
14	(3) If a patient receiving residential care leaves an
15	APPROVED TREATMENT FACILITY, THE PERSON IS ENCOURAGED TO
16	CONSENT TO OUTPATIENT TREATMENT OR SUPPORTIVE SERVICES IF
17	APPROPRIATE.
18	SECTION 27. In Colorado Revised Statutes, repeal and reenact,
19	with amendments, 27-81-110 as follows:
20	27-81-110. [Similar to 27-82-106] Voluntary treatment for
21	persons intoxicated by alcohol, under the influence of drugs, or
22	incapacitated by substances. (1) A PERSON INTOXICATED BY ALCOHOL,
23	UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES,
24	INCLUDING A MINOR IF PROVIDED BY RULES OF THE OFFICE OF BEHAVIORAL
25	HEALTH, MAY VOLUNTARILY ADMIT HIMSELF OR HERSELF TO AN APPROVED
26	TREATMENT FACILITY FOR AN EMERGENCY EVALUATION TO DETERMINE
27	NEED FOR TREATMENT.

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1	(2) The administrator shall immediately evaluate or
2	EXAMINE A PERSON WHO VOLUNTARILY ENTERS AN APPROVED TREATMENT
3	FACILITY. IF THE PERSON IS FOUND TO BE IN NEED OF TREATMENT, THE
4	ADMINISTRATOR SHALL ADMIT THE PERSON OR REFER THE PERSON TO
5	ANOTHER APPROPRIATE FACILITY. IF A PERSON IS FOUND NOT TO BE IN
6	NEED OF TREATMENT, THE ADMINISTRATOR SHALL RELEASE THE PERSON
7	AND MAY REFER THE PERSON TO ANOTHER APPROPRIATE FACILITY.
8	(3) EXCEPT AS PROVIDED IN SUBSECTION (7) OF THIS SECTION, A
9	TREATMENT FACILITY SHALL IMMEDIATELY RELEASE A VOLUNTARILY
10	ADMITTED PERSON UPON THE PERSON'S REQUEST.
11	(4) A PERSON WHO IS NOT ADMITTED TO AN APPROVED TREATMENT
12	FACILITY OR REFERRED TO ANOTHER HEALTH FACILITY, AND WHO HAS NO
13	MONEY, MAY BE TAKEN TO THE PERSON'S HOME, IF ANY. IF THE PERSON
14	HAS NO HOME, THE APPROVED TREATMENT FACILITY MAY ASSIST THE
15	PERSON IN OBTAINING SHELTER.
16	(5) If a person is admitted to an approved treatment
17	FACILITY, THE PERSON'S FAMILY OR NEXT OF KIN MUST BE NOTIFIED AS
18	PROMPTLY AS POSSIBLE IN ACCORDANCE WITH FEDERAL CONFIDENTIALITY
19	REGULATIONS FOR SUBSTANCE USE DISORDER PATIENT RECORDS, WHICH
20	REGULATIONS ARE FOUND AT 42 CFR PART 2, AS AMENDED. IF AN ADULT
21	PERSON REQUESTS THAT THERE BE NO NOTIFICATION, THE ADULT PERSON'S
22	REQUEST MUST BE RESPECTED.

(6) If the administrator determines that it is for the person's benefit, the person must be encouraged to agree to further diagnosis and appropriate voluntary treatment.

(7) NOTHING IN THIS SECTION PRECLUDES THE ADMINISTRATOR FROM SEEKING EMERGENCY COMMITMENT OF A PERSON AS PROVIDED IN

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- 1 SECTION 27-81-111 OR INVOLUNTARY COMMITMENT OF A PERSON AS
- 2 PROVIDED IN SECTION 27-81-112, REGARDLESS OF WHETHER THE PERSON
- 3 HAS BEEN VOLUNTARILY ADMITTED UNDER THIS SECTION. IN SUCH CASE,
- 4 THE ADMINISTRATOR'S FURTHER CONDUCT IS GOVERNED BY SECTION
- 5 27-81-111 OR 27-81-112, AS APPLICABLE.

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6 **SECTION 28.** In Colorado Revised Statutes, **amend** 27-81-111 as follows:

**27-81-111.** Emergency commitment. (1) (a) When a person is intoxicated UNDER THE INFLUENCE OF or incapacitated by alcohol SUBSTANCES and clearly dangerous to the health and safety of himself, herself, or others, he or she shall be taken into protective custody by law enforcement authorities or an emergency service patrol, acting with probable cause, and placed SHALL TAKE THE PERSON INTO PROTECTIVE CUSTODY in an approved treatment facility. If no such facilities are available, he or she THE PERSON may be detained in an emergency medical facility or jail, but only for so long as may be necessary to prevent injury to himself, herself, or others or to prevent a breach of the peace. If the person being detained is a juvenile, as defined in section 19-1-103 (68), C.R.S., the juvenile shall be placed in a setting that is nonsecure and physically segregated by sight and sound from the adult offenders. A law enforcement officer or emergency service patrol officer, in detaining the person, is taking him or her THE PERSON into protective custody. In so doing, the detaining officer may protect himself or herself by reasonable methods but shall make every reasonable effort to protect the detainee's health and safety. A taking into protective custody under this section is not an arrest, and no entry or other record shall be made to indicate that the person has been arrested or charged with a crime. Law

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enforcement or emergency service personnel who act in compliance with this section are acting in the course of their official duties and are not criminally or civilly liable therefor. Nothing in this subsection (1) shall preclude an intoxicated or incapacitated PRECLUDES A person INTOXICATED BY ALCOHOL, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES who is not dangerous to the health and safety of himself, herself, or others from being assisted to his or her THE PERSON'S home or like location by the law enforcement officer or emergency service patrol officer.

- (b) A sheriff or police chief who violates the provisions of paragraph (a) of this subsection (1) SUBSECTION (1)(a) OF THIS SECTION related to detaining juveniles may be subject to a civil fine of no more than one thousand dollars. The decision to fine shall be based on prior violations of the provisions of paragraph (a) of this subsection (1) SUBSECTION (1)(a) OF THIS SECTION by the sheriff or police chief and the willingness of the sheriff or police chief to address the violations in order to comply with paragraph (a) of this subsection (1) SUBSECTION (1)(a) OF THIS SECTION.
- PATROL OFFICER, physician, spouse, guardian, or relative of the person to be committed or any other responsible person may make a written application for emergency commitment under this section, directed to the administrator of the approved treatment facility. The application shall MUST state the circumstances requiring emergency commitment, including the applicant's personal observations and the specific statements of others, if any, upon which he or she THE APPLICANT relies in making the application. A copy of the application shall MUST be furnished to the

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person to be committed.

- (3) If the approved treatment facility administrator or his or her authorized designee approves the application, the person ADMINISTRATOR shall be committed, evaluated, and treated COMMIT, EVALUATE, AND TREAT THE PERSON for a period not to exceed five days. The person shall be brought to the facility by A peace officer, the emergency service patrol, or any interested person SHALL BRING THE PERSON TO THE FACILITY. If necessary, the court may be contacted to issue an order to the police, the peace officer's department, or the sheriff's department to transport the person to the facility.
  - (4) If the approved treatment facility administrator or his or her authorized designee determines that the application fails to sustain the grounds for emergency commitment as set forth in subsection (1) of this section, the commitment shall be refused and the person detained immediately released, and the person shall be encouraged ADMINISTRATOR SHALL REFUSE THE COMMITMENT, IMMEDIATELY RELEASE THE DETAINED PERSON, AND ENCOURAGE THE PERSON to seek voluntary treatment if appropriate.
  - (5) When the administrator determines that the grounds for commitment no longer exist, he or she THE ADMINISTRATOR shall discharge the person committed under this section. A person committed under this section may MUST not be detained in any treatment facility for more than five days; except that a person may be detained for longer than five days at the approved treatment facility if, in that period of time, a petition for involuntary commitment has been filed pursuant to section 27-81-112. A person may MUST not be detained longer than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the date of filing of the

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petition for involuntary commitment UNLESS A VALID MEDICAL REASON EXISTS FOR DETAINING A PERSON LONGER.

(6) Whenever a person is involuntarily detained pursuant to this section, he or she THE ADMINISTRATOR shall, immediately be advised by the facility administrator or his or her authorized designee WITHIN TWENTY-FOUR HOURS AFTER DETAINMENT, ADVISE THE PERSON WHO IS INVOLUNTARILY DETAINED, both orally and in writing, of his or her THE PERSON'S right to challenge such THE detention by application to the courts for a writ of habeas corpus, to be represented by counsel at every stage of any proceedings relating to his or her commitment and recommitment, and to have counsel appointed by the court or provided by the court if he or she THE PERSON wants the assistance of counsel and is unable to obtain counsel.

**SECTION 29.** In Colorado Revised Statutes, **amend** 27-81-112 as follows:

27-81-112. Involuntary commitment of a person with a substance use disorder. (1) The court may commit a person to the custody of the office of behavioral health upon the petition of the person's spouse or guardian, a relative, a physician, an advanced practice nurse, the administrator in charge of an approved treatment facility, or any other responsible person. The petition must allege that the person is a person with an alcohol HAS A SUBSTANCE use disorder and that the person has threatened or attempted to inflict or inflicted physical harm on himself or herself or on another and that unless committed the person is likely to inflict physical harm on himself or herself or on another or that the person is incapacitated by alcohol SUBSTANCES. A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for

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treatment. The petition must be accompanied by a certificate of a licensed physician who has examined the person within two TEN days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal must be alleged in the petition, OR AN EXAMINATION CANNOT BE MADE OF THE PERSON DUE TO THE PERSON'S CONDITION. The certificate must set forth the physician's findings in support of the petition's allegations.

- (2) A COURT SHALL NOT ACCEPT a petition submitted pursuant to subsection (1) of this section shall not be accepted unless there is documentation of the refusal by the person to be committed to accessible and affordable voluntary treatment. The documentation may include, but shall not be IS NOT limited to, notations in the person's medical or law enforcement records or statements by a physician, advanced practice nurse, or witness.
- (3) (a) Upon filing the petition, THE PERSON WHOSE COMMITMENT IS SOUGHT MUST BE NOTIFIED OF THE PERSON'S RIGHT TO:
- (I) ENTER INTO A STIPULATED ORDER OF THE COURT FOR COMMITTED TREATMENT IN ORDER TO EXPEDITE PLACEMENT IN AN APPROVED TREATMENT FACILITY BY THE OFFICE OF BEHAVIORAL HEALTH; OR
- 22 (II) TO CONTEST THE COMMITMENT PROCEEDING.
- 23 (b) If a stipulated order is entered, the office of
  24 BEHAVIORAL HEALTH SHALL PLACE THE PERSON IN AN APPROVED
  25 TREATMENT PROGRAM THAT REFLECTS THE LEVEL OF NEED OF THE
  26 PERSON.
- 27 (c) If the Person whose commitment is sought exercises the

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RIGHT TO CONTEST THE PETITION, the court shall fix a date for a hearing no later than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the date the petition was filed. A copy of the petition and the notice of the hearing, including the date fixed by the court, must be personally served on the petitioner, the person whose commitment is sought, and one of his or her THE PERSON'S parents or his or her THE PERSON'S legal guardian if he or she THE PERSON is a minor. A copy of the petition and notice of hearing must be mailed PROVIDED to the office of behavioral health, to counsel for the person whose commitment is sought, to the administrator in charge of the approved treatment facility to which the person may have been committed for emergency treatment, and to any other person the court believes advisable.

(4) At the hearing, the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person shall MUST be present unless the court believes that the person's presence is likely to be injurious to the person; in this event, the court shall appoint a guardian ad litem to represent the person throughout the proceeding. If the person has refused to be examined by a licensed physician, he or she shall THE PERSON MUST be given an opportunity to be examined by a court-appointed licensed physician. If the person refuses and there is sufficient evidence to believe that the allegations of the petition are true or if the court believes that more medical evidence is necessary, the court may commit the person to a licensed hospital for a period of not more than five days for a diagnostic examination. In such event, the court shall schedule a further hearing for final determination of commitment, in no event later than five days after the first hearing.

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(5) If after hearing all relevant evidence, including the results of any diagnostic examination by the licensed hospital, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, it THE COURT shall make an order of commitment to the office of behavioral health. The office of behavioral health has the right to delegate physical custody of the person to an appropriate approved treatment facility. The court may not order commitment of a person unless it determines that the office of behavioral health is able to provide adequate and appropriate treatment for the person, and the treatment is likely to be beneficial.

- (6) Upon the court's commitment of a person to the office of behavioral health, the court may issue an order to the sheriff to transport the person to the facility designated by the office of behavioral health.
- (7) A person committed as provided for in this section remains in the custody of the office of behavioral health for treatment for a period of thirty UP TO NINETY days. unless discharged sooner. At the end of the thirty-day NINETY-DAY period, he or she shall be discharged automatically THE TREATMENT FACILITY SHALL AUTOMATICALLY DISCHARGE THE PERSON unless the office of behavioral health, before expiration of the thirty-day NINETY-DAY period, obtains a court order for his or her THE PERSON's recommitment on the grounds set forth in subsection (1) of this section for a further period of ninety days unless discharged sooner. If a person has been committed because he or she THE PERSON is a person with an alcohol A SUBSTANCE use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists.

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(8) A person who is recommitted as provided for in subsection (7) of this section and who has not been discharged by the office of behavioral health before the end of the ninety-day period is discharged at the expiration of that ninety-day period unless the office of behavioral health, before expiration of the ninety-day period, obtains a court order on the grounds set forth in subsection (1) of this section for recommitment for a further period, not to exceed ninety days. If a person has been committed because he or she THE PERSON is a person with an alcohol A SUBSTANCE use disorder who is likely to inflict physical harm on another, the office of behavioral health shall apply for recommitment if, after examination, it is determined that the likelihood to inflict physical harm on another still exists. Only two recommitment orders pursuant to subsection (7) of this section and this subsection (8) are permitted.

- (9) Upon the filing of a petition for recommitment under subsections (7) and (8) of this section, the court shall fix a date for hearing no NOT later than ten days, EXCLUDING WEEKENDS AND HOLIDAYS, after the date the petition was filed UNLESS A VALID MEDICAL REASON EXISTS FOR DELAYING THE HEARING. A copy of the petition and of the notice of hearing shall be served and mailed PROVIDED as required in subsection (3) of this section. At the hearing, the court shall proceed as provided in subsection (4) of this section.
- (10) The office of behavioral health shall provide adequate and appropriate treatment of a person committed to its custody. The office of behavioral health may transfer any person committed to its custody from one approved treatment facility to another, if transfer is advisable.
- (11) The office of behavioral health shall discharge a person committed to its custody for treatment at any time before the end of the

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period for which he or she THE PERSON has been committed if either of the following conditions is met:

- (a) In the case of a person with an alcohol A SUBSTANCE use disorder committed on the grounds that he or she THE PERSON is likely to inflict physical harm upon another, that he or she THE PERSON no longer has an alcohol A SUBSTANCE use disorder that requires treatment or the likelihood to inflict physical harm upon another no longer exists; or
- (b) In the case of a person with an alcohol A SUBSTANCE use disorder committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists, OR IN THE CASE OF A PERSON WITH A SUBSTANCE USE DISORDER COMMITTED ON ANY GROUNDS PURSUANT TO THIS SECTION, THAT further treatment will is not likely to bring about significant improvement in the person's condition, or treatment is no longer appropriate, OR THAT FURTHER TREATMENT IS UNLIKELY TO BE BENEFICIAL.
- recommitment is sought of his or her THE PERSON'S right to contest the application, to be represented by counsel at every stage of any proceedings relating to the person's commitment and recommitment, and to have counsel appointed by the court or provided by the court if he or she THE PERSON wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for the person regardless of his or her THE PERSON'S wishes. The person whose commitment or recommitment is sought shall be informed of his or her THE PERSON'S right to be examined by a licensed physician of the person's choice. If the person is unable to obtain a licensed physician and

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- requests examination by a physician, the court shall employ a licensed physician. (13) If a private treatment facility agrees with the request of a competent patient or his or her THE PATIENT'S parent, sibling, adult child, or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him or her THE PATIENT to the private treatment facility. (14) A person committed under this article ARTICLE 81 may at any time seek to be discharged from commitment by an order in the nature of habeas corpus. (15) The venue for proceedings under this section is the county in which the person to be committed resides or is present. (16) All proceedings conducted pursuant to this article shall be
  - (16) All proceedings conducted pursuant to this article shall be ARTICLE 81 ARE conducted by the district attorney of the county where the proceeding is held or by an attorney acting for the district attorney appointed by the court for that purpose; except that, in any county or in any city and county having a population exceeding one hundred thousand persons, the proceedings shall be conducted by the county attorney or by an attorney acting for the county attorney appointed by the court.

**SECTION 30.** In Colorado Revised Statutes, **amend** 27-81-113 as follows:

27-81-113. Records of persons with substance use disorders, persons intoxicated by alcohol, and persons under the influence of substances. (1) The registration and other records of treatment facilities shall remain are confidential and fully protected as outlined in federal confidentiality regulations for substance use disorder records found at 42 CFR part 2, as amended, and are privileged to

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1	the patient.
2	(2) Notwithstanding subsection (1) of this section, the director
3	may make available information from patients' records for purposes of
4	research into the causes and treatment of alcohol SUBSTANCE use
5	disorders. Information under MADE AVAILABLE PURSUANT TO this
6	subsection (2) must not be published in a way that discloses patients'
7	names or other identifying information.
8	(3) Nothing in this section shall be construed to prohibit or limit
9	PROHIBITS OR LIMITS the sharing of information by a state institution of
10	higher education police department to authorized university
11	administrators pursuant to section 23-5-141. C.R.S.
12	SECTION 31. In Colorado Revised Statutes, repeal and reenact,
13	with amendments, 27-81-114 as follows:
14	27-81-114. Rights of persons receiving evaluation, care, or
15	treatment. (1) A FACILITY SHALL IMMEDIATELY ADVISE EACH PERSON
16	RECEIVING EVALUATION, CARE, OR TREATMENT UNDER ANY PROVISION OF
17	This article $81$ , orally and in writing, that the person has and is
18	AFFORDED THE FOLLOWING RIGHTS:
19	(a) TO BE EVALUATED TO DETERMINE THE PERSON'S BEHAVIORAL
20	HEALTH TREATMENT NEEDS RELATING TO THE USE OF SUBSTANCES,
21	INCLUDING ALCOHOL OR DRUGS;
22	(b) If under an emergency commitment pursuant to section
23	27-81-111, TO REFUSE TO BE EXAMINED BY A LICENSED PHYSICIAN FOR
24	CERTIFICATION. A PERSON'S REFUSAL TO BE EXAMINED FOR CERTIFICATION
25	MAY BE ALLEGED IN A PETITION FOR INVOLUNTARY COMMITMENT. A
26	PERSON MAY REQUEST TO BE EXAMINED BY THE PERSON'S PHYSICIAN, OR
27	A COURT MAY ORDER A PERSON TO BE EVALUATED BY A LICENSED

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1	PHYSICIAN FOR CERTIFICATION.
2	(c) TO RECEIVE TIMELY MEDICAL AND BEHAVIORAL HEALTH CARE
3	AND TREATMENT, AS SPECIFIED IN LAW, THAT IS DETERMINED BASED ON
4	THE PERSON'S NEEDS AND THAT IS DELIVERED IN THE LEAST RESTRICTIVE
5	TREATMENT SETTING POSSIBLE, AS SET FORTH IN DEPARTMENT RULES;
6	(d) To be treated fairly and to receive the same
7	CONSIDERATION AND ACCESS TO APPROPRIATE SERVICES AS OTHERS,
8	REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, AGE, GENDER IDENTITY,
9	SEXUAL ORIENTATION, POLITICAL AFFILIATION, RELIGIOUS BELIEFS,
10	FINANCIAL STATUS, OR DISABILITY;
11	(e) TO CONTEST A COMMITMENT PROCEEDING OR TO ENTER INTO
12	A STIPULATED ORDER OF THE COURT FOR COMMITTED TREATMENT;
13	(f) TO RETAIN AND CONSULT WITH AN ATTORNEY AT ANY TIME
14	AND TO HAVE AN ATTORNEY APPOINTED BY OR PROVIDED BY THE COURT
15	IN A TIMELY MANNER IN ANY PROCEEDINGS RELATING TO COMMITMENT OR
16	RECOMMITMENT, IF THE PERSON WANTS THE ASSISTANCE OF AN ATTORNEY
17	AND IS UNABLE TO OBTAIN AN ATTORNEY;
18	(g) TO AT ANY TIME SEEK TO BE DISCHARGED FROM COMMITMENT
19	BY AN ORDER IN THE NATURE OF HABEAS CORPUS;
20	(h) Once no longer under the influence of drugs or
21	INTOXICATED BY ALCOHOL, TO SIGN IN AND SEEK VOLUNTARY SUBSTANCE
22	USE DISORDER TREATMENT, UNLESS THE ADMINISTRATOR DETERMINES IN
23	WRITING THAT REASONABLE GROUNDS EXIST TO BELIEVE THAT THE
24	PERSON WILL NOT REMAIN IN VOLUNTARY TREATMENT OR THAT THE
25	PERSON IS CLEARLY DANGEROUS TO THE HEALTH AND SAFETY OF HIMSELF
26	OR HERSELF OR OTHERS;
27	(i) IF IN COMMITTED TREATMENT, TO RECEIVE

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1	TWENTY-FOUR-HOUR NOTICE PRIOR TO BEING TRANSFERRED TO ANOTHER
2	FACILITY;
3	(j) To have reasonable opportunities for continuing
4	VISITATION AND COMMUNICATION WITH THE PERSON'S FAMILY AND
5	FRIENDS, CONSISTENT WITH AN EFFECTIVE TREATMENT PROGRAM AND AS
6	DETERMINED IN DEPARTMENT RULES. EACH PERSON MAY MEET WITH THE
7	PERSON'S ATTORNEY, CLERGYPERSON, OR HEALTH CARE PROVIDER AT ANY
8	TIME.
9	(k) To have reasonable access to mail and writing
10	MATERIALS, INCLUDING POSTAGE, AS WELL AS THE ASSISTANCE OF
11	FACILITY STAFF IF THE PERSON IS UNABLE TO WRITE, PREPARE, OR MAIL
12	CORRESPONDENCE;
13	(1) Subject to department rules relating to the use of
14	TELEPHONES AND OTHER COMMUNICATION DEVICES, TO HAVE
15	REASONABLE ACCESS TO TELEPHONES OR OTHER COMMUNICATION
16	DEVICES, AND TO MAKE AND TO RECEIVE CALLS OR COMMUNICATIONS IN
17	PRIVACY. FACILITY STAFF SHALL NOT OPEN, DELAY, INTERCEPT, READ, OR
18	CENSOR MAIL OR OTHER COMMUNICATIONS OR USE MAIL OR OTHER
19	COMMUNICATIONS AS A METHOD TO ENFORCE COMPLIANCE WITH FACILITY
20	STAFF.
21	(m) TO WEAR HIS OR HER OWN CLOTHES, KEEP AND USE PERSONAL
22	POSSESSIONS, AND KEEP AND BE ALLOWED TO SPEND A REASONABLE SUM
23	OF THE PERSON'S OWN MONEY;
24	(n) To have access to medical records;
25	(o) To have treatment records remain confidential,
26	EXCEPT AS REQUIRED BY LAW;
27	(p) TO NOT BE FINGERPRINTED, UNLESS REQUIRED BY LAW;

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1	(q) To refuse to be photographed, except for treatment
2	FACILITY IDENTIFICATION PURPOSES;
3	(r) To have the opportunity to register and vote by
4	ABSENTEE BALLOT WITH THE ASSISTANCE OF FACILITY STAFF;
5	(s) To have appropriate access to adequate food, water,
6	AND HYGIENE PRODUCTS;
7	(t) TO HAVE PHYSICAL PRIVACY IN SHOWERING, CHANGING, AND
8	USING THE RESTROOM; AND
9	(u) TO BE FREE OF RESTRAINTS AND SOLITARY CONFINEMENT.
10	(2) Only qualified staff providing evaluation, treatment,
11	OR CARE FOR A PERSON MAY DENY OR RESTRICT THE PERSON'S RIGHTS
12	UNDER SUBSECTION (1) OF THIS SECTION IF THE PERSON'S HEALTH OR
13	SAFETY WOULD BE CLEARLY ENDANGERED IF THE RIGHTS WERE NOT
14	DENIED OR RESTRICTED. IF A PERSON'S RIGHTS ARE DENIED OR
15	RESTRICTED, THE REASON FOR THE DENIAL OR RESTRICTION MUST BE
16	EXPLAINED TO THE PERSON AND ENTERED INTO THE PERSON'S TREATMENT
17	RECORD. THE FACILITY SHALL PROVIDE THE PERSON AND THE PERSON'S
18	ATTORNEY THE INFORMATION PERTAINING TO A DENIAL OR RESTRICTION
19	OF RIGHTS CONTAINED IN THE PERSON'S TREATMENT RECORD. THE
20	PERSON'S RIGHTS MUST BE IMMEDIATELY RESTORED AS SOON AS THE
21	PERSON'S HEALTH AND SAFETY ARE NO LONGER CLEARLY ENDANGERED.
22	(3) A PERSON RECEIVING EVALUATION, CARE, OR TREATMENT
23	UNDER ANY PROVISION OF THIS ARTICLE 81 MAY SUBMIT A GRIEVANCE OR
24	COMPLAINT AGAINST THE FACILITY OR FACILITY STAFF PURSUANT TO A
25	GRIEVANCE OR COMPLAINT PROCESS, WHICH IS EXPLAINED TO THE PERSON
26	IN DETAIL AND INCLUDED WITH THE ORAL AND WRITTEN EXPLANATION OF
27	RIGHTS.

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1	(4) AS PART OF THE IMMEDIATE ORAL AND WRITTEN ADVISEMENT
2	OF THE RIGHTS ENUMERATED IN THIS SECTION, A FACILITY SHALL ALSO
3	INCLUDE THE TELEPHONE NUMBER AND E-MAIL ADDRESS FOR THE OFFICE
4	OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH ACCESS TO CARE, CREATED
5	IN SECTION 27-80-303. THE WRITTEN ADVISEMENTS MUST BE TRANSLATED
6	IF THE PERSON CANNOT READ OR UNDERSTAND ENGLISH. THE
7	ADMINISTRATOR SHALL CAUSE THE RIGHTS ENUMERATED IN THIS SECTION
8	TO BE POSTED IN A PROMINENT LOCATION WHERE CLIENTS IN THE FACILITY
9	RESIDE, WHICH POSTING MUST ALSO INCLUDE THE NUMBER AND E-MAIL
10	ADDRESS FOR THE OFFICE OF THE OMBUDSMAN FOR BEHAVIORAL HEALTH
11	ACCESS TO CARE, CREATED IN SECTION 27-80-303.
12	SECTION 32. In Colorado Revised Statutes, 27-81-115, amend
13	(1) as follows:
14	27-81-115. Emergency service patrol - establishment - rules.
15	(1) The office of behavioral health and cities, counties, city and counties,
16	and regional service authorities may establish emergency service patrols.
17	A patrol consists of persons trained to give assistance in the streets and
18	in other public places to persons who are intoxicated or incapacitated by
19	alcohol, UNDER THE INFLUENCE OF DRUGS, OR INCAPACITATED BY
20	SUBSTANCES. Members of an emergency service patrol must be capable
21	of providing first aid in emergency situations and are authorized to
22	transport a person intoxicated or incapacitated by alcohol, UNDER THE
23	INFLUENCE OF DRUGS, OR INCAPACITATED BY SUBSTANCES to his or her
24	home and to and from treatment facilities.
25	SECTION 33. In Colorado Revised Statutes, amend 27-81-117
26	as follows:
27	27-81-117. Criminal laws - limitations. (1) A county,

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municipality, or other political subdivision may not adopt or enforce a local law, ordinance, resolution, or rule having the force of law that includes drinking, being a person with an alcohol use disorder, or being found in an intoxicated condition as one of the elements of the offense giving rise to a criminal or civil penalty or sanction.

- (2) A county, municipality, or other political subdivision may SHALL not interpret or apply any law of general application to circumvent the provisions of subsection (1) of this section.
- (3) Nothing in this article ARTICLE 81 affects any law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol OR DRUGS, or other similar offense involving the operation of a vehicle, an aircraft, or a boat or machinery or other equipment or regarding the sale, purchase, dispensing, possessing, or use of DRUGS OR alcoholic beverages at stated times and places or by a particular class of persons.
- (4) The fact that a person is intoxicated or incapacitated by alcohol, shall under the influence of drugs, or incapacitated by substances does not prevent his or her the person's arrest or prosecution for the commission of any criminal act or conduct not enumerated in subsection (1) of this section.
- (5) Nothing in this article shall be construed as a limitation upon ARTICLE 81 LIMITS the right of a police officer to make an otherwise legal arrest, notwithstanding the fact that the arrested person may be intoxicated BY ALCOHOL, UNDER THE INFLUENCE OF DRUGS, or incapacitated by alcohol SUBSTANCES.
- **SECTION 34.** In Colorado Revised Statutes, **add with amended** and relocated provisions 27-81-118 as follows:

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1	27-81-118. [Formerly 27-82-114] Opioid crisis recovery funds
2	advisory committee - creation - membership - purpose. (1) There is
3	hereby created the opioid crisis recovery funds advisory committee,
4	referred to in this section as the "committee", which is created to advise
5	and collaborate with the department of law on uses of any custodial funds
6	received by the state as the result of opioid-addiction-related litigation
7	and for which the use of the funds is not predetermined or committed by
8	court order or other action by a state or federal court of law.
9	(2) (a) The committee consists of members appointed as follows:
10	(I) Thirteen members appointed by the governor, including:
11	(A) One member licensed to practice medicine pursuant to article
12	240 of title 12;
13	(B) One member licensed to practice pharmacy pursuant to article
14	280 of title 12;
15	(C) One member licensed to practice as a nurse pursuant to article
16	255 of title 12;
17	(D) One member licensed as a dentist pursuant to article 220 of
18	title 12;
19	(E) One member licensed as a veterinarian pursuant to article 315
20	of title 12;
21	(F) One member licensed as a physical therapist pursuant to article
22	285 of title 12;
23	(G) One member representing a local public health agency;
24	(H) One member who has been affected by the opioid crisis;
25	(I) One family member of a person who has been affected by the
26	opioid crisis;
27	(J) One member representing an advocacy organization for people

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1	with substance use disorders;
2	(K) Two members appointed from nominees submitted by
3	statewide organizations representing counties, with one member
4	representing the western slope and one member representing the eastern
5	part of the state; and
6	(L) One member from an association that represents behavioral
7	health providers;
8	(II) Two members appointed by the executive director of the
9	department of human services, one of whom must represent an
10	association of substance use providers;
11	(III) Two members appointed by the executive director of the
12	department of public health and environment, one of whom is a pain
13	management patient;
14	(IV) One member appointed by the executive director of the
15	department of regulatory agencies;
16	(V) One member appointed by the executive director of the
17	department of health care policy and financing;
18	(VI) One member from the state substance abuse trend and
19	response task force, created in section 18-18.5-103, appointed by the
20	attorney general;
21	(VII) One member from the center for research into substance use
22	disorder prevention, treatment, and recovery support strategies, created
23	in section 27-80-118 (3), appointed by the director of the center;
24	(VIII) One member from each safety net hospital that provides
25	addiction services, appointed by the hospital;
26	(IX) One member from the Colorado district attorneys' council, or
27	any successor organization, appointed by its executive director;

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(X) Two members representing law enforcement agencies, one of whom is appointed by the Colorado association of chiefs of police, or any successor organization, and one of whom is appointed by the county sheriffs of Colorado, or any successor organization; and

- (XI) One member representing the Colorado municipal league, or any successor organization, appointed by the president of the executive board of the Colorado municipal league or the president's designee.
- (b) The attorney general shall notify the appointing authorities if the state receives a settlement or damage award for which the use of the custodial funds is not predetermined or committed by court order or other action by a state or federal court of law. The appointing authorities shall make their initial appointments to the committee no later than ninety days after receiving the notice.
- (3) Each member of the committee who is appointed pursuant to subsection (2) of this section serves at the pleasure of the appointing authority that appointed the member. The APPOINTING AUTHORITY SHALL FILL a vacancy shall be filled in the same manner as the initial appointment.
- (4) If the state receives custodial funds from a settlement or damage award from opioid-addiction-related litigation and the use of the funds is not predetermined or committed by court order or other action by a state or federal court of law, the attorney general shall convene and call a meeting of the committee, and any subsequent meetings as necessary, to seek input and recommendations from the committee on the proper expenditure of the funds received.
- (5) (a) Each member of the committee shall maintain confidentiality throughout the process of determining the proper

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1	expenditure of custodial funds. Members shall not disclose the contents
2	of any requests for funding with anyone outside of the committee.
3	(b) Each committee member shall affirm that the member does not
4	have a personal or financial interest regarding any organization that may
5	request funding. Members shall disclose all potential conflict of interest
6	situations to the attorney general before reviewing funding requests.
7	SECTION 35. Repeal of relocated and nonrelocated
8	provisions in this act. (1) In Colorado Revised Statutes, repeal part 1 of
9	article 82 of title 27.
10	(2) The repeal of part 1 includes sections 27-82-102 (13.3) and
11	(13.5) and 27-82-103.5 as they would become effective July 1, 2022.
12	(3) Section 27-82-102 (7), (10), (13), (13.5) as it would become
13	effective July 1, 2022, and (14) and section 27-82-114 are relocated.
14	SECTION 36. In Colorado Revised Statutes, 12-100-120, amend
15	(1)(l) as follows:
16	12-100-120. Grounds for disciplinary action - administrative
17	penalties. (1) After notice and hearing as provided in section
18	12-100-123, the board may take disciplinary or other action as authorized
19	in section 12-20-404 and impose other conditions or limitations on a
20	person for any of the following causes:
21	(l) An alcohol A SUBSTANCE use disorder, as defined in section
22	27-81-102, or a substance use disorder, as defined in section 27-82-102,
23	or an excessive use of a habit-forming drug, controlled substance, as
24	defined in section 18-18-102 (5), or alcohol beverage that renders the
25	certified public accountant unfit to practice public accounting;
26	SECTION 37. In Colorado Revised Statutes, 12-110-111, amend
27	(1)(d) as follows:

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1	<b>12-110-111.</b> Grounds for discipline. (1) The director may take
2	disciplinary or other action as authorized in section 12-20-404 against a
3	license or an application for a license if the applicant or licensee:
4	(d) Has an alcohol A SUBSTANCE use disorder, as defined in
5	section 27-81-102, or a substance use disorder, as defined in section
6	<del>27-82-102,</del> or is an excessive or a habitual user or abuser of alcohol or
7	habit-forming drugs or is a habitual user of a controlled substance, as
8	defined in section 18-18-102 (5), if the use, disorder, or dependency is a
9	danger to other licensees;
10	SECTION 38. In Colorado Revised Statutes, 12-155-113, amend
11	(1)(l) as follows:
12	12-155-113. Disciplinary action by board - procedures -
13	cease-and-desist orders. (1) The board may take disciplinary or other
14	action as authorized by section 12-20-404 for any of the following
15	reasons:
16	(l) An alcohol A SUBSTANCE use disorder, as defined in section
17	27-81-102, or a substance use disorder, as defined in section 27-82-102,
18	or excessive use of any habit-forming drug, any controlled substance, as
19	defined in section 18-18-102 (5), or any alcoholic beverage;
20	SECTION 39. In Colorado Revised Statutes, 12-205-111, amend
21	(2)(c) as follows:
22	12-205-111. Grounds for discipline - disciplinary proceedings
23	- definitions. (2) The director may take disciplinary or other action in
24	accordance with section 12-20-404 or issue a cease-and-desist order in
25	accordance with section 12-205-112 upon reasonable grounds that the
26	licensee:
27	(c) Has an alcohol A SUBSTANCE use disorder, as defined in

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1	section 27-81-102, or a substance use disorder, as defined in section
2	<del>27-82-102,</del> or is an excessive or habitual user or abuser of alcohol or
3	habit-forming drugs or is a habitual user of a controlled substance, as
4	defined in section 18-18-102 (5), or other drugs having similar effects;
5	except that the director has the discretion not to discipline the licensee if
6	the licensee is participating in good faith in an alcohol or substance use
7	disorder treatment program approved by the director;
8	SECTION 40. In Colorado Revised Statutes, 12-210-108, amend
9	(2)(q) as follows:
10	12-210-108. Disciplinary actions - grounds for discipline.
11	(2) The following acts constitute grounds for discipline:
12	(q) Having an alcohol A SUBSTANCE use disorder, as defined in
13	section 27-81-102, or a substance use disorder, as defined in section
14	27-82-102, or excessively or habitually using or abusing alcohol or
15	habit-forming drugs or habitually using a controlled substance, as defined
16	in section 18-18-102 (5), or other drugs or substances having similar
17	effects; except that the director has the discretion not to discipline the
18	licensee if he or she is participating in good faith in an alcohol or
19	substance use disorder treatment program approved by the director;
20	SECTION 41. In Colorado Revised Statutes, 12-215-115, amend
21	(1)(d) as follows:
22	12-215-115. Discipline of licensees - suspension, revocation,
23	denial, and probation - grounds - definitions. (1) Upon any of the
24	following grounds, the board may take disciplinary or other action as
25	specified in section 12-20-404 or impose conditions on a licensee's
26	license:
27	(d) A substance use disorder, as defined in section 27-82-102

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1	SECTION 27-81-102, or excessive use by the licensee of a controlled
2	substance, as defined in section 18-18-102 (5), or a habit-forming drug;
3	SECTION 42. In Colorado Revised Statutes, 12-235-111, amend
4	(1)(f) as follows:
5	12-235-111. Grounds for discipline - definitions. (1) The
6	director is authorized to take disciplinary action pursuant to section
7	12-235-112 against any person who has:
8	(f) An alcohol A SUBSTANCE use disorder, as defined in section
9	27-81-102, or a substance use disorder, as defined in section 27-82-102,
10	or a dependence on or addiction to alcohol or any habit-forming drug, or
11	who abuses or engages in the habitual or excessive use of any
12	habit-forming drug or any controlled substance as defined in section
13	18-18-102 (5), but the director may take into account the licensee's
14	participation in a substance use disorder treatment program when
15	considering disciplinary action;
16	SECTION 43. In Colorado Revised Statutes, 12-260-114, amend
17	(1)(g) as follows:
18	<b>12-260-114.</b> Grounds for discipline. (1) The board may suspend,
19	revoke, or deny any person's certification to practice as a nurse aide or
20	authority to practice as a medication aide in accordance with section
21	12-20-404 (1)(d) or may issue to the person a letter of admonition under
22	the circumstances specified in and in accordance with section 12-20-404
23	(4), upon proof that a person:
24	(g) Has an alcohol A SUBSTANCE use disorder, as defined in
25	section 27-81-102, or a substance use disorder, as defined in section
26	<del>27-82-102,</del> or excessively uses any habit-forming drug or any controlled
27	substance, as defined in section 18-18-102 (5), or other drugs having

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1	similar effects, or is diverting controlled substances, as defined in section
2	18-18-102 (5), or other drugs having similar effects from the person's
3	place of employment;
4	SECTION 44. In Colorado Revised Statutes, 12-265-113, amend
5	(1)(g) as follows:
6	12-265-113. Grounds for discipline. (1) The board has the
7	power to take disciplinary or other action as specified in sections
8	12-20-404 and 12-265-107 (1)(d), upon proof that the person:
9	(g) Has an alcohol A SUBSTANCE use disorder, as defined in
10	section 27-81-102, or a substance use disorder, as defined in section
11	27-82-102, abuses or engages in the habitual or excessive use of any such
12	habit-forming drug or any controlled substance as defined in section
13	18-18-102 (5), or participates in the unlawful use of controlled substances
14	as specified in section 18-18-404; except that the board has the discretion
15	not to discipline the licensee if the person is participating, in good faith,
16	in a substance use disorder treatment program approved by the board;
17	SECTION 45. In Colorado Revised Statutes, 12-275-110, amend
18	(1)(d) as follows:
19	12-275-110. Application for license - licensure by endorsement
20	- rules. (1) A person who desires to practice optometry in the state may
21	file with the board an application for a license, giving the information
22	required in a form and manner approved by the board. The applicant shall
23	demonstrate that the applicant possesses the following qualifications:
24	(d) The applicant does not have an alcohol A SUBSTANCE use
25	disorder, as defined in section 27-81-102, or a substance use disorder, as
26	defined in section 27-82-102, or has not habitually or excessively used or
27	abused alcohol, habit-forming drugs, or controlled substances as defined

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1	in section 18-18-102 (5).
2	SECTION 46. In Colorado Revised Statutes, 12-280-126, amend
3	(1)(e) as follows:
4	12-280-126. Unprofessional conduct - grounds for discipline.
5	(1) The board may take disciplinary or other action as authorized in
6	section 12-20-404, after a hearing held in accordance with the provisions
7	of sections 12-20-403 and 12-280-127, upon proof that the licensee,
8	certificant, or registrant:
9	(e) Has an alcohol A SUBSTANCE use disorder, as defined in
10	section 27-81-102, or a substance use disorder, as defined in section
11	<del>27-82-102,</del> or engages in the habitual or excessive use or abuse of
12	alcohol, a habit-forming drug, or a controlled substance, as defined in
13	section 18-18-102 (5);
14	SECTION 47. In Colorado Revised Statutes, 12-280-204, amend
15	(2)(a) as follows:
16	12-280-204. Eligibility - participants. (2) In order to be eligible
17	for participation, a licensee shall:
18	(a) Acknowledge the existence or the potential existence of a
19	psychiatric, psychological, or emotional problem; excessive alcohol or
20	drug use; or an alcohol A SUBSTANCE use disorder, as defined in section
21	27-81-102; or a substance use disorder, as defined in section 27-82-102;
22	SECTION 48. In Colorado Revised Statutes, 12-300-109, amend
23	(2)(h) as follows:
24	12-300-109. Grounds for action - disciplinary proceedings.
25	(2) The director has the power to take disciplinary or other action as
26	authorized in section 12-20-404 against a licensee in accordance with
2.7	subsections (4), (5), (6), and (8) of this section upon proof that the person:

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1	(h) Has an alcohol A SUBSTANCE use disorder, as defined in
2	section 27-81-102, or a substance use disorder, as defined in section
3	<del>27-82-102,</del> or is an excessive or habitual user or abuser of alcohol or
4	habit-forming drugs or is a habitual user of a controlled substance, as
5	defined in section 18-18-102 (5), or other drugs having similar effects;
6	except that the director has the discretion not to discipline the license
7	holder if he or she is participating in good faith in an alcohol or substance
8	use disorder treatment program approved by the director;
9	SECTION 49. In Colorado Revised Statutes, 12-305-112, amend
10	(2)(c) as follows:
11	12-305-112. Grounds for discipline - definitions. (2) The
12	director may take disciplinary or other action specified in section
13	12-20-404 or 12-305-113 or issue a cease-and-desist order to a certificate
14	holder in accordance with sections 12-20-405 and 12-305-113 (8) upon
15	proof that the certificate holder:
16	(c) Has an alcohol A SUBSTANCE use disorder, as defined in
17	section 27-81-102, or a substance use disorder, as defined in section
18	<del>27-82-102,</del> excessively or habitually uses or abuses alcohol or
19	habit-forming drugs, or habitually uses a controlled substance, as defined
20	in section 18-18-102 (5), or other drugs having similar effects; except that
21	the director has the discretion not to discipline the certificate holder if the
22	certificate holder is participating in good faith in an alcohol or substance
23	use disorder treatment program approved by the director;
24	SECTION 50. In Colorado Revised Statutes, 12-310-106, amend
25	(2)(c) as follows:
26	12-310-106. Grounds for discipline - disciplinary proceedings
27	- judicial review. (2) The director may take disciplinary or other action

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1	as authorized in section 12-20-404 against, or issue a cease-and-desist
2	order in accordance with section 12-20-405 to, a registrant in accordance
3	with this section and section 12-20-403, upon proof that the registrant:
4	(c) Has an alcohol A SUBSTANCE use disorder, as defined in
5	section 27-81-102; or a substance use disorder, as defined in section
6	27-82-102; is an excessive or habitual user or abuser of alcohol or
7	habit-forming drugs; or is a habitual user of a controlled substance, as
8	defined in section 18-18-102 (5), or other drugs having similar effects;
9	SECTION 51. In Colorado Revised Statutes, 13-5-142, amend
10	(1)(b) as follows:
11	13-5-142. National instant criminal background check system
12	- reporting. (1) On and after March 20, 2013, the state court
13	administrator shall send electronically the following information to the
14	Colorado bureau of investigation created pursuant to section 24-33.5-401,
15	referred to in this section as the "bureau":
16	(b) The name of each person who has been committed by order of
17	the court to the custody of the office of behavioral health in the
18	department of human services pursuant to section 27-81-112; or
19	<del>27-82-108;</del> and
20	SECTION 52. In Colorado Revised Statutes, 13-5-142.5, amend
21	(2)(a)(II) as follows:
22	13-5-142.5. National instant criminal background check
23	system - judicial process for awarding relief from federal
24	prohibitions - legislative declaration. (2) Eligibility. A person may
25	petition for relief pursuant to this section if:
26	(a) (II) He or she has been committed by order of the court to the
27	custody of the office of behavioral health in the department of human

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1	services pursuant to section 27-81-112; or 27-82-108; or
2	SECTION 53. In Colorado Revised Statutes, 13-9-123, amend
3	(1)(b) as follows:
4	13-9-123. National instant criminal background check system
5	- reporting. (1) On and after March 20, 2013, the state court
6	administrator shall send electronically the following information to the
7	Colorado bureau of investigation created pursuant to section 24-33.5-401,
8	referred to in this section as the "bureau":
9	(b) The name of each person who has been committed by order of
10	the court to the custody of the office of behavioral health in the
11	department of human services pursuant to section 27-81-112; or
12	<del>27-82-108;</del> and
13	SECTION 54. In Colorado Revised Statutes, 13-9-124, amend
14	(2)(a)(II) as follows:
15	13-9-124. National instant criminal background check system
16	- judicial process for awarding relief from federal prohibitions -
17	legislative declaration. (2) Eligibility. A person may petition for relief
18	pursuant to this section if:
19	(a) (II) He or she has been committed by order of the court to the
20	custody of the office of behavioral health in the department of human
21	services pursuant to section 27-81-112; or 27-82-108; or
22	SECTION 55. In Colorado Revised Statutes, 13-14.5-105,
23	amend (8)(b) as follows:
24	13-14.5-105. Hearings on petition - grounds for order issuance.
25	(8) (b) Before issuing an extreme risk protection order, the court shall
26	consider whether the respondent meets the standard for an emergency
2.7	commitment pursuant to section 27-81-111, or 27-82-107. If the court

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1	determines that the respondent meets the standard, then, in addition to
2	issuing an extreme risk protection order, the court shall order an
3	emergency commitment pursuant to section 27-81-111. or 27-82-107.
4	SECTION 56. In Colorado Revised Statutes, 13-90-107, amend
5	(1)(m)(IV)(C) as follows:
6	13-90-107. Who may not testify without consent - definitions.
7	(1) There are particular relations in which it is the policy of the law to
8	encourage confidence and to preserve it inviolate; therefore, a person
9	shall not be examined as a witness in the following cases:
10	(m) (IV) This subsection (1)(m) does not apply in cases in which:
11	(C) Due to INTOXICATION BY alcohol, or other substance
12	intoxication or abuse BEING UNDER THE INFLUENCE OF DRUGS, OR
13	INCAPACITATION BY SUBSTANCES as described in sections 27-81-111 and
14	27-82-107, C.R.S. SECTION 27-81-111, the person receiving peer support
15	is a clear and immediate danger to the person's self or others;
16	SECTION 57. In Colorado Revised Statutes, 25-1-1202, amend
17	(1)(vv) as follows:
18	25-1-1202. Index of statutory sections regarding medical
19	record confidentiality and health information. (1) Statutory provisions
20	concerning policies, procedures, and references to the release, sharing,
21	and use of medical records and health information include the following:
22	(vv) Sections 27-82-106 and 27-82-109 Sections 27-81-109 and
23	27-81-113, concerning the treatment of persons with substance use
24	disorders;
25	SECTION 58. In Colorado Revised Statutes, 25-3.5-208, amend
26	(7)(a)(I) as follows:
27	25-3.5-208. Emergency medical service providers' peer health

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I	assistance program - fund - rules. (/) (a) Any certificate holder who
2	does not have access to an employee assistance program may apply to the
3	department for participation in a qualified peer health assistance program.
4	In order to be eligible for participation, a certificate holder shall:
5	(I) Acknowledge the existence or the potential existence of a
6	physical, psychological, or emotional condition; excessive alcohol or drug
7	use; or an alcohol A SUBSTANCE use disorder, as defined in section
8	27-81-102; (1); or a substance use disorder, as defined in section
9	<del>27-82-102 (13.5);</del>
10	SECTION 59. In Colorado Revised Statutes, 25-27.6-104,
11	amend as it will become effective July 1, 2022, (1)(b) as follows:
12	25-27.6-104. License required - criminal and civil penalties.
13	(1) (b) On or after July 1, 2023, an entity seeking initial licensure as a
14	behavioral health entity shall apply for a behavioral health entity license
15	if the entity would previously have been licensed or subject to approval
16	by the office of behavioral health in the department of human services
17	pursuant to section 27-81-106 or 27-82-103 as an approved treatment
18	program for alcohol use disorders or substance use disorders.
19	SECTION 60. In Colorado Revised Statutes, 26-6.9-101, amend
20	(1) as follows:
21	<b>26-6.9-101. Definitions.</b> As used in this article 6.9, unless the
22	context otherwise requires:
23	(1) "Facility" means an agency meeting the standards described
24	in section 27-81-106 (1) or 27-82-103 (1) and approved pursuant to
25	section 27-81-106. <del>or 27-82-103.</del>
26	SECTION 61. In Colorado Revised Statutes, 27-60-104.5,
27	amend (3)(e)(I) as follows:

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1	27-60-104.5. Behavioral health capacity tracking system -
2	legislative declaration - definitions - rules. (3) Pursuant to subsection
3	(8) of this section, the state department shall implement a behavioral
4	health capacity tracking system, which must include the following:
5	(e) Capacity reporting for the following facilities and treatment
6	providers statewide:
7	(I) Facilities that provide evaluation and treatment to individuals
8	held under an emergency commitment pursuant to section 27-81-111, or
9	section 27-82-107, an involuntary commitment pursuant to section
10	27-81-112, or section 27-82-108, or a civil commitment pursuant to
11	section 27-65-105, including crisis stabilization units, acute treatment
12	units, community mental health centers, and hospitals, including state
13	mental health institutes;
14	SECTION 62. In Colorado Revised Statutes, 27-66.5-102,
15	amend (3)(a)(IV) and (3)(a)(V) as follows:
16	<b>27-66.5-102. Definitions.</b> As used in this article 66.5, unless the
17	context otherwise requires:
18	(3) "High-risk individual" means a person who:
19	(a) Is under:
20	(IV) An emergency commitment pursuant to section 27-81-111;
21	<del>or 27-82-107;</del> or
22	(V) An involuntary commitment pursuant to section 27-81-112;
23	<del>or 27-82-108;</del>
24	SECTION 63. In Colorado Revised Statutes, 27-82-202, amend
25	(4) as follows:
26	<b>27-82-202. Definitions.</b> As used in this part 2, unless the context
27	otherwise requires:

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1	(4) "Treatment facility" means a health care facility that provides
2	substance use disorder or medication-assisted treatment and that is
3	approved by the office of behavioral health pursuant to section 27-82-103
4	SECTION 27-81-106.
5	SECTION 64. In Colorado Revised Statutes, 42-2-104, amend
6	(2)(c) as follows:
7	42-2-104. Licenses issued - denied. (2) Except as otherwise
8	provided in this article 2, the department shall not license a person to
9	operate any motor vehicle in this state:
10	(c) Who has been adjudged or determined by a court of competent
11	jurisdiction to have an alcohol A SUBSTANCE use disorder, as defined in
12	section 27-81-102, or a substance use disorder, as defined in section
13	<del>27-82-102,</del> with respect to a controlled substance, as defined in section
14	18-18-102 (5);
15	SECTION 65. In Colorado Revised Statutes, 42-4-1301.3,
16	amend (4)(a) as follows:
17	42-4-1301.3. Alcohol and drug driving safety program -
18	definition. (4) (a) There is created an alcohol and drug driving safety
19	program fund in the office of the state treasurer, referred to in this
20	subsection (4) as the "fund". The fund consists of money deposited in it
21	as directed by this subsection (4)(a). The assessment in effect on July 1,
22	1998, remains in effect unless the judicial department and the office of
23	behavioral health in the department of human services have provided the
24	general assembly with a statement of the cost of the program, including
25	costs of administration for the past and current fiscal year to include a
26	proposed change in the assessment. The general assembly shall then
27	consider the proposed new assessment and approve the amount to be

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assessed against each person during the following fiscal year in order to ensure that the alcohol and drug driving safety program established in this section is financially self-supporting. Any adjustment in the amount to be assessed must be noted in the appropriation to the judicial department and the office of behavioral health in the department of human services as a footnote or line item related to this program in the general appropriation bill. The state auditor shall periodically audit the costs of the programs to determine that they are reasonable and that the rate charged is accurate based on these costs. Any other fines, fees, or costs levied against a person are not part of the program fund. The court shall transmit to the state treasurer the amount assessed for the alcohol and drug evaluation to be credited to the fund. Fees charged pursuant to sections 27-81-106 (1) and 27-82-103 (1) SECTION 27-81-106 (1) to approved alcohol and drug treatment facilities that provide level I and level II programs as provided in subsection (3)(c) of this section must be transmitted to the state treasurer, who shall credit the fees to the fund. Upon appropriation by the general assembly, the money must be expended by the judicial department and the office of behavioral health in the department of human services for the administration of the alcohol and drug driving safety program. In administering the alcohol and drug driving safety program, the judicial department is authorized to contract with any agency for any services the judicial department deems necessary. Money deposited in the fund remains in the fund to be used for the purposes set forth in this section and must not revert or transfer to the general fund except by further act of the general assembly.

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**SECTION 66. Safety clause.** The general assembly hereby finds,

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- determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.